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# Examining the Impact of Collaboration between Probation, Victim Services, and Offender Treatment Providers on Domestic Violence Offender Outcomes

Cedar Stagner  
*Walden University*

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# Walden University

College of Counselor Education & Supervision

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Cedar Stagner

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Walden University  
2015

Abstract

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Probation, Victim Services, and Offender Treatment Providers on  
Domestic Violence Offender Outcomes

by

Cedar Stagner

MA, Adams State College, 2005

BS, Colorado State University, 2002

Dissertation Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Philosophy  
Counselor Education and Supervision

Walden University

September 2015

## Abstract

Domestic violence, also known as intimate partner violence (IPV), continues to be an issue in the United States, despite various intervention approaches and efforts to improve them over the past 40 years. Even if IPV offenders attend treatment and pursue rehabilitation, current efforts appear marginally effective in reducing its reoccurrence. The purpose of this ex-post facto, comparative, quantitative study was to determine whether there was a significant difference in outcomes between male offenders ( $N = 126$ ) who attended treatment programs that participated in a tripartite collaboration with probation and victim services versus offenders ( $N = 126$ ) who did not. Bronfenbrenner's ecological systems theory provided the framework within which to examine the impact of such collaboration (independent variable). Outcomes were measured by recidivism (probation violations, re-arrests, violent re-offenses, and orders of protection), successful completion of probation, and successful completion of treatment (dependent variables). The information was coded and then analyzed in SPSS using chi-square analyses. The study showed statistical significance between the groups for successful completion of probation and treatment, re-arrest within two years of terminating from probation, and violent re-offenses. It did not show statistical significance regarding other dependent variables. This study is important for probation officers, treatment providers, victims, offenders, and their communities because it shows how the current system can improve.

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## Dedication

I dedicate this endeavor to the victims of domestic violence and their families, and to the people who work in this field, in hope for a better future.

## Acknowledgments

I want to acknowledge the Pima County Probation Department for their support regarding completing this study. It would have not been possible without the help of Cathy Cermak. I would also like to acknowledge Carl Sheets and Ray Lekawa who were also very helpful with this process and being able to obtain the necessary data, and Chief David Sanders who allowed for this study to occur. I also want to thank the following: Division Director of Operations, Division Director of Field Services, Division Director of Court Services, Business Systems Manager, Office Supervisor of Court Services, the Information and Technology Services Department, Manager of Technical Services, Case Flow/Quality Assurance Manager, Business Systems Analyst, and software programmers who were involved, as well as the presiding judge over the specialized domestic violence court in Pima County.

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## Chapter 1: Introduction to the Study

### **Introduction**

Domestic violence (DV)—a term synonymous with intimate partner violence (IPV)—is an issue in both opposite-sex and same-sex relationships; both men and women can be the aggressors in relationships. However, this study focused on IPV in the United States with men as the aggressors. This is because women are predominantly the victims of IPV, more likely than men to be the victim of sexual violence, and nearly 25% more likely to experience severe physical violence (Centers for Disease Control and Prevention, 2014). They are also three times more likely than men to be injured and twice as likely to be killed (CDC, 2014). However, whether the male IPV offender was in a heterosexual or homosexual relationship cannot be inferred from the data used in this study.

The topic of this study was the impact of collaboration on outcomes for IPV offenders, specifically, collaboration between the supervising county probation department, the agency providing treatment to the offender, and victim services, which will be subsequently identified as the tripartite collaboration. Batterer intervention programs (BIPs) in the United States are at a precarious point in time due to questions about their effectiveness sparked by experimental program evaluations that show little to no effect, and a call for evidence-based practice (Gondolf, 2012). Despite a 30-year history of BIPs, victims' advocates remain suspicious about these programs' effectiveness, and BIPs continue to be vulnerable to criticism and dismissal (Gondolf, 2012).



Another set of issues impacting BIPs are the variations between them, including differences in approach/modality, session format, counselor styles and training, court oversight, participant characteristics, and community collaborations. However, despite systemic frustrations with BIPs' lack of uniformity, there is an argument among stakeholders—such as the courts, treatment providers, and victim services—against standardization, since there has been no strong empirical evidence of the right combination of variations yielding effectiveness (Gondolf, 2012). Thus, the focus should shift from finding the best modality to how to make the current system more effective (Gondolf, 2012). For example, rather than trying to find one perfect solution, which does not seem to exist, the attention should be on improving the interventions already in place.

This study is important because IPV offenders in the United States who do attend treatment and pursue rehabilitation are engaging in services perceived as only marginally effective (Arias, Arce, & Vilarino, 2013; Babcock et al., 2004; Dutton & Corvo, 2006). This creates a significant challenge for IPV offenders, victims, and society, which is why this study is needed. However, Hamberger and Hastings' (1988) foundational outcome study found 25% of offenders in treatment noted change in their attitudes towards women, reported using more discussion and respect, and appeared less likely to assault their partners due to their attitude and personality change. Combining this positive information about treatment success with the outcomes of this study could impact how IPV is approached in the future. This current study increased the available information on the impact tripartite collaboration has on IPV offender outcomes.

This chapter provides background of the problem for the current study, and identifies the problem statement, research question, hypothesis, theoretical foundation, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance.

### **Background of the Problem: History of IPV Offender Treatment**

Despite attention to this problem occurring mostly within the past 40 years, issues concerning IPV were heard in courtrooms dating back to the 1800s with the *State v. Oliver* (1872), which challenged the old doctrine that a husband could whip his wife with a switch as long as it was no wider than his thumb (Jones, 1918). Oliver, the husband in this case who came home intoxicated and whipped his wife with a switch, was fined \$10. As this literature review will show, the U.S. courts still struggle with how to most effectively address the issue of IPV.

According to Babcock, Green, and Robie (2004), little attention was paid to IPV intervention prior to the 1980s in the United States, due to the conflict between family privacy and the best interest of society. However, when more arrests were made for IPV, it presented another conflict: Should offenders should be rehabilitated or incarcerated? These consequences were viewed by offenders as unjust, which resulted in the issue receiving more attention in effort to reform society's response to IPV (Guzik, 2008). Currently, there is more of a combination of these options with the implementation of mandatory arrest policies and court-mandated counseling (Babcock et al., 2004; Hirschel, Buzawa, Pattavina, & Faggiani, 2008; Schmidt et al., 2007). However, part of the issue is lack of effectiveness in treatment, which is a primary way to address the problem of IPV.

Arias, Arce, and Vilarino (2013) conducted a meta-analysis of BIPs from 1975 to 2013 ( $N = 18,941$ ), and found treatment showed a nonsignificant positive effect and also found the intervention type was not a significant moderator of recidivism.

In the United States, in the late 1970s, as society and law enforcement made the shift from IPV no longer being only a private household matter, professional efforts were made to provide treatment for the men who assaulted their wives (Dutton & Sonkin, 2006). This was pioneered by Dr. Anne Ganley at the Veteran's Administration Center in Tacoma, WA, who developed a cognitive-behavioral modification model based on Bandura's (1971) social learning theory with the goal to help men regulate their anger and abusive behavior (Dutton & Sonkin, 2006). Due to its emphasis on personal responsibility and efforts to modify anger, the model was applicable to court-mandated treatment. However, it was also criticized, especially by feminist-activists who asserted that the model did not produce results. These critics maintained that abuse was not related to anger or psychological issues, but to patriarchal social systems and the suppression of women (Dutton & Sonkin, 2006). This criticism still exists today.

This criticism resulted in an initiative to develop feminist treatment models and intensely scrutinize outcome success of treatment groups (Dutton & Sonkin, 2006). Thus, moving across the United States, from Tacoma, WA, to Duluth, MN, the Domestic Abuse Intervention Project was developed in the early 1980s. The facilitator for this feminist, psycho-educational model, also known as the Duluth Model, addresses the issue of IPV by identifying the behaviors men use to create power and control—which is the model's identified core cause of the violence (Herman, Rotunda, Williamson, & Vodanovich,

2014). Facilitators confront the denial of violent behavior and provide the offender with options other than dominance to promote behavioral and attitudinal changes (Herman et al., 2014). The facilitator also encourages the use of community resources and attitude change about women to help offenders view their relationship from a more feminist perspective (Herman et al., 2014).

However, despite its widespread use, critics identified several problems with the Duluth Model. First, there is disagreement about whether attitudes control abusive behavior, or if attitudes and behavior are symptoms of deeper personality factors (Dutton & Sonkin, 2006). Proponents of the model believe in the former and critics believe the latter. Then, there is disagreement about the emphasis on changing attitudes, which critics believe may cause superficial change, or create more aggression, especially with men who do not have a feminist perspective (Dutton & Sonkin, 2006). Lastly, there is concern that the model could initiate feelings of shame, possibly from childhood and offenders' own experiences of being a victim (Dutton & Sonkin, 2006). These differences can impact the effectiveness of offender treatment (Dutton & Sonkin, 2006). Thus, from the start, there was conflict about how to best approach male-perpetrated IPV.

Although there is research on (a) the ineffectiveness of current IPV treatment approaches (Day, Chung, O'Leary & Carson, 2009; Gondolf, 2009; Arias et al., 2013), (b) recognition of the importance of community involvement to challenge norms that support perpetuation of IPV (Hess, Allen & Todd, 2011), and (c) recognition of the need for collaboration (Salem & Dunford-Jackson, 2008), the research inadequate on the effect of collaboration—specifically between probation, victim services, and treatment

providers—on the outcomes of IPV offender treatment. This is an issue because the current modalities are not seen as effective (Day et al., 2009; Gondolf, 2009), and if research on ways IPV treatment can be more effective is not pursued, more victims will be harmed. This study is important because it examines the potential relationship between a tripartite collaboration and the effectiveness of the current systems in place to reduce IPV.

### **Problem Statement**

IPV is a serious, but preventable health problem (Iyengar & Sabik, 2009). IPV disproportionately affects more women than men with significant results of morbidity and mortality (Kindness, Han, Alder, Edwards, Parekh, & Olson, 2009). In 2010, IPV contributed to 1,295 deaths in the United States, or 10% of all homicides (CDC, 2014). Additionally, approximately 5.3 million U.S. women, ages 18 and older, experience IPV every year, resulting in nearly 2 million injuries (CDC, 2010).

According to the Executive Summary (2010) of a CDC report on the cost of IPV among women in the United States, nearly one in five women (18.3%) have been raped at some time in their lives, including completed forced penetration, attempted forced penetration, or alcohol/drug facilitated penetration, with 35.6% of women experiencing this, physical violence, and/or stalking by an intimate partner in their lifetime. Nearly half of all women have experienced psychological aggression by an intimate partner in their lifetime (48.4%) (CDC, 2010). Most female victims of rape, physical violence, and/or stalking by an intimate partner (69%) experienced some form of IPV for the first time before 25 years of age (CDC, 2010). Nearly 3 in 10 women who have experienced rape,

physical violence, and/or stalking by an intimate partner also reported being impacted by being fearful, being concerned for safety, experiencing post-traumatic stress disorder (PTSD) symptoms, needing health care, being injured, contacting a crisis hotline, needing housing services, needing victim's advocate services, needing legal services, or missing at least one day of work or school (CDC, 2010). Also according to the CDC's National Intimate Partner and Sexual Violence Survey, 1 in 4 women in the United States (approximately 39 million) have experienced severe physical harm from a partner or ex-partner in their lifetime (Black et al., 2011).

### **Arizona Statistics**

In Arizona, the location of the current study, every three days someone dies in an IPV-related incident, including adult and minor victims, parents and siblings, targeted family members related to a victim, bystanders, offenders who commit suicide after an attempted or completed homicide, or those killed by law enforcement during an IPV call (Arizona Coalition Against Domestic Violence, 2012). Since 2005, at least 915 Arizonans have lost their lives in such incidents, including 139 in 2012, with 83% as a result of a gunshot (Arizona Coalition Against Domestic Violence, 2012). Many more deaths go unexamined, including those that occur on tribal lands and those victims who take their own lives to escape the abuse (Arizona Coalition Against Domestic Violence, 2012). In a 24-hour period in 2012, Arizona programs served 1,487 victims (75% of whom went to shelters) and 252 hotline calls for support, safety planning, and information. Due to limited funding, 152 requests went unmet, including requests for shelter (Arizona Coalition Against Domestic Violence, 2012).

Arizona's Domestic Violence Fatality Review Team found perpetrators who had completed 26 sessions of court-ordered IPV treatment on two separate occasions for a total of 52 sessions, but continued to offend (Arizona Coalition Against Domestic Violence, 2012). The team presented several recommendations to Pima County (where the current study was completed), which included: (a) law enforcement training, (b) lethality screening, (c) safety planning packets, (d) coordination facilitated by a lead officer, (e) communication and oversight of IPV related calls, (f) community-supported IPV offender treatment to assist in improving effectiveness, (g) fidelity to evidence-based models, (h) ongoing training, and (i) identification of community capacity to respond to victims of IPV (Arizona Coalition Against Domestic Violence, 2012). The present study is expected to contribute to meeting some of these recommendations.

The problem is that IPV is a societal issue with a long history, but no clear direction for the future. The ways of addressing IPV have not provided significant results in reducing its occurrence (Babcock et al., 2004; Day, Chung, O'Leary & Carson, 2009; Gondolf, 2009; Gondolf, 2012; Arias et al., 2013). Arrest laws and counseling have offered options, but not strong, consistent results. Thus, society, offenders, and victims continue to need a better solution. As stated above, 39 million women in the United States have been affected by IPV (Black et al., 2011), and in Arizona, someone dies every three days due to this issue (Arizona Coalition Against Domestic Violence, 2012). Research has shown the importance of community involvement to challenge norms that support perpetuation of IPV (Hess, Allen, & Todd, 2011). Others have recognized the need for collaboration (Salem & Dunford-Jackson, 2008). However, there is not adequate

research regarding the effect collaboration has on IPV offender treatment outcomes, specifically collaboration between probation, victim services, and treatment providers (tripartite). A tripartite collaboration could increase the effectiveness of our current system's responses.

### **Purpose**

The purpose of this ex-post facto, comparative, quantitative study was to examine the impact of tripartite collaboration on outcomes (probation violations, re-arrests, requested orders of protection against the offender, successful completion of probation, and successful completion of treatment) for males who have been convicted of IPV offenses. These programs, such as Community Coordinated Responses (CCRs), are not unanimously defined (Salazar, Emshoff, Baker, & Crowley, 2007). However, in this study, they are defined as the tripartite collaboration, which includes agencies that facilitate IPV offender treatment and actively collaborate with the probation department that is supervising the offender, the local victim services agency, and other treatment agencies that collaborate in the same way. These different agencies attend monthly meetings to address issues related to IPV offenders, their treatment, their probation supervision, and their victims.

The outcomes measured were recidivism as defined by probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender, successful completion of probation, and successful completion of treatment. These were the dependent variables. The outcomes for recidivism, other than probation violations, were also recorded within two years following probation termination, and after these two



years. The independent variable was whether or not the offender attended IPV offender counseling at an agency part of the tripartite collaboration.

### **Research Question**

The following research question guided this study: Is there a significant difference in recidivism (numbers of probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not?

$$H_1: \mu_1 \neq \mu_2$$

A significant difference in outcomes was found in the dependent variables of recidivism (probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency part of the tripartite collaboration versus at an agency not part of the collaboration (independent variable).

$$H_0: \mu_1 = \mu_2$$

A significant difference in outcomes was not found in the dependent variables of recidivism (probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency part of the tripartite

collaboration versus at an agency not part of the collaboration (independent variable).

### **Theoretical Framework**

The concept that helps to explain IPV and the impact a collaborative approach could have on offenders is Bronfenbrenner's ecological systems theory (EST).

Bronfenbrenner (1977) identified a broader approach to research in human development by focusing on humans and their changing environments. The theory describes environmental systems, which may affect human development (micro-, meso-, exo-, and macro -systems) and suggests a reciprocal relationship within and between the different layers of environment, such that changes in one environment may affect others (Bronfenbrenner, 1977). This will be discussed in more detail in Chapter 2.

Bronfenbrenner (1977) believed changes occur between people and environment in system's terms. This framework has been adopted by the World Health Organization as a public health approach in order to understand the risk factors of violence and for preventive measures (Tonsing, 2010).

Bronfenbrenner (1977) defined ecological experimentation as investigation of the progression between humans and their environment by contrasting two or more environmental systems or their structural components. Dutton (2006) agreed with applying ecological theory to DV as a way to incorporate features of the offender, as well as the interpersonal context in which the violence occurred. This theory allows consideration for social factors, as well as individual factors, which may help to identify the key places in an abuser's life to address to help curb violence (Dutton, 2006). The

EST can be applied to this study in that the different levels of the system can impact the individual. It not only considers what is occurring in the immediate, but also considers formal and informal larger social contexts (Bronfenbrenner, 1977). This study focused on the impact of a system (the tripartite collaboration) on outcomes related to the offenders' recidivism (probation violations, re-arrests, and/or requested orders of protection against the offender), completion of treatment, and completion of probation. Using the theory, how changing one part of the system (collaboration) impacted other parts of the system (recidivism and completion) were explored.

### **Nature of the Study**

This ex-post facto, comparative, quantitative study utilized a convenience sample because mandated IPV offenders can pick the treatment agency they want to attend from a list, or they can be referred to a specific agency for treatment. Another aspect of this sample was that the offenders on probation were all involved in a lower jurisdiction specialized domestic violence court - Pima County Justice Court. A comparative quantitative design was the best design for this study because it afforded the opportunity to compare two groups (collaboration and no collaboration) through the data available through records review. Group A ( $N = 126$ ) consisted of offenders who attended treatment prior to the collaboration being in effect. Group B ( $N = 126$ ) consisted of offenders who attended treatment after the collaboration was in effect and at agencies that participated in the collaboration. A data review was useful because it yielded outcome data without having to interview offenders about their offenses nor having to rely on the self-report of a survey.

The data were coded for the dependent variables: successful completion of treatment, successful completion of probation, and recidivism (probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender). Offenses and orders of protection were reviewed during probation, within two years after probation, and following the two years after probation. Collaboration was the independent variable.

The list of names was provided by the Pima County Probation Department's Information and Technology Systems Department (ITSD) included more names than the sample size ( $N = 252$ ). This was to account for incomplete or unusable records and thus were not counted in the study (in order to reflect the impact of collaboration as much as possible). Initially, using a  $t$  test with two independent means, a priori, two-tailed, with an effect size of .05, and power of .95, G\*Power suggested two sample sizes of 105, for a total sample size of 210. Then, when it was determined chi-square would need to be the statistical test, using  $\chi^2$ , goodness of fit test, a priori, with an effect size of .03, and a power of .95, G\*Power suggested a total sample size of 220, which was still less than what was used in the actual study.

A record review at Pima County Probation Department (PCPD) and Pima County Justice Court (PCJC), both located in Tucson, AZ, was conducted. The outcomes (successful completion of probation, successful completion of treatment, unsuccessful completion of probation, unsuccessful completion of treatment, and recidivism (probation violations, re-arrests, violent re-offenses, and orders of protection) were reviewed. The first review consisted of offenders ( $N = 126$ ) from July 1, 2007 through June 30, 2008,

with a 2-year follow-up checking for further recidivism (re-arrests, violent re-offenses, and requested orders of protection against the offender). For example, the records of offenders terminating from probation in the year 2007 were reviewed through the year 2009 and the records from 2008, were reviewed through the year 2010. This was Group A. These dates were chosen because the department operates on a fiscal year and because the specialized domestic violence court started in March 2007.

The collaboration with victim services, treatment providers and probation began in 2009. Another record review was conducted from another set of offenders ( $N = 126$ ) from July 1, 2010 through June 30, 2012, again with the 2-year follow-up checking for the aforementioned outcomes. For example, the records of offenders from 2010 were reviewed through the year 2012 and the records from offenders from 2012 were reviewed through the year 2014. This was Group B. These dates were chosen due to the fiscal year, and to allow for the collaboration to become more fully functioning and assess the impact when it was so. The timespan was also chosen to help ensure there would be enough complete data to be utilized.

The PCPD allowed access to their databases in order to research the outcomes of IPV offenders. Since research was conducted from different sources, including the PCPD database and the PCJC website for court information, offenders' names were not coded for initially. This was because offenders may have different court case numbers, and they needed to be searched for by name. However, during this process, confidentiality of offenders was maintained by the information being stored on a password-protected computer and a password-protected USB drive. After the records review, the offenders'

names were coded and the names were deleted. No other access to confidential information was used in the study. Anyone who reviewed records in order to assist in this study already had access to this information in other aspects of their employment with PCPD. Also, some of this information is considered public information.

In order to analyze the impact of the tripartite collaboration, a chi-square test was used, which tested whether two categorical variables forming a contingency table are associated (Field, 2009). A chi-square distribution is a probability distribution of the sum of squares of several normally distributed variables. It is used to test hypotheses about categorical data and test the fit of models to the observed data (Field, 2009). Categorical data was used in this study.

Participants in this study were assigned to supervised probation by the PCJC following a conviction of domestic violence. Since March 2007, when the specialized domestic violence court began, there has only been one judge presiding over the court. Outcomes were determined by reviewing the records of offenders in Pima County. Records were reviewed at the PCPD by accessing their database, using the PCJC website, and by local dispatch checking for orders of protection and re-arrests.

Recidivism in this study was defined as any re-offense or probation violation, such as substance use, and/or orders of protection being filed against the offender. Probation violations are included because they can show increased concern for victim safety. Alcohol consumption is a major risk factor for IPV based on cross-sectional studies indicating more alcohol issues with male offenders than comparison samples (Fals-Stewart, Leonard, & Birchler, 2005). Further, males seeking treatment for

alcoholism engage in IPV four to six times more often than those who are not (Fals-Stewart et al., 2005). In the same way as probation violations can indicate recidivism, so can orders of protection—a tool for protecting battered women (Etter & Berzer, 2007) from an offender; it could mean someone was concerned for her safety related to this individual.

### **Operational Definitions**

*Accountability* means taking responsibility for behavior, (Gondolf, 2012).

*Batterer Intervention Programs (BIPs) and IPV or DV Offender Treatment Programs* are synonymous. A BIP is a program offenders attend, usually as part of the legal system's response to IPV. Victim safety, offender accountability, education and rehabilitation of the offender are its goals. Attendance and completion are monitored by that program ([http://www.stopvaw.org/batterers\\_intervention\\_programs](http://www.stopvaw.org/batterers_intervention_programs), 2008).

*Collaboration or Tripartite Collaboration* includes the Pima County Probation Department (PCPD), five IPV offender treatment providers, and Emerge! Center Against Domestic Abuse. In the collaboration, the separate agencies communicate openly with each other and work collaboratively to increase offender accountability. Participants in the collaboration participated in monthly structured meetings and had increased communication regarding the offender and the victim. Offenders sign consents to release information so that information can be exchanged.

*Domestic violence (DV)* is defined by Arizona State Statutes as an act that meets the criteria of other crimes defined by statutes, such as dangerous crimes against children, homicide, endangerment, assault and related offenses, aggravated assault, threats and

intimidation, harassment, kidnapping, trespassing, unlawful imprisonment, criminal damage, interfering with judicial proceedings, stalking, surreptitious recording, and emotional abuse, when the victim and defendant: (a) are married or formerly married, or residing or having resided in the same household, (b) have a child in common, (c) pregnant by the other party, (d) related by blood or court order as a parent, grandparent, child, grandchild, brother or sister, or by marriage as a parent-in-law, grandparent-in-law, stepparent, step-grandparent, stepchild, step-grandchild, brother-in-law or sister-in-law, and e) are currently or were previously a romantic or sexual relationship based on length of the relationship and frequency of the interaction (Arizona State Legislature, 2007).

*IPV* is synonymous with *DV*. This study is focused on male offenders in the United States. *IPV* is defined by the CDC as physical, sexual, or psychological harm by a current or former partner or spouse and can include physical violence, sexual violence, and psychological and emotional violence (Herman et al., 2014). It is associated with direct (death, rape, or injury) and indirect (lasting effects of stress-related illnesses) consequences (Black et al., 2011). This is the definition of IPV predominately used in this study.

*IPV offenders* and *batterers* are often used interchangeably in the research.

*Offender* is an adult male (18 years or older) convicted of IPV.

*Recidivism* is defined as a probation violation, re-arrest for violence or nonviolence, or a requested order of protection against the offender.

*Treatment* is defined as a minimum of 26 weeks of court-ordered group IPV offender treatment for males. Certain criteria must be met in order to be considered



providing IPV offender treatment as part of the collaboration, such as the training and experience of the group facilitator and the topics/curriculum presented in the groups (Arizona State Legislature, 2007).

### **Assumptions**

This study was based on several assumptions. The main assumption of this study is related to recidivism and how it is defined. For the purposes of this study, recidivism is defined as a probation violation, re-arrest for violence or nonviolence, and/or a requested order of protection against the offender. This does not necessarily mean the offender committed another act of DV that would indicate true recidivism. It can mean the offenders are not developing or increasing their prosocial behaviors, which is a goal of being placed on probation (Bourgon, 2013). It can also mean they are engaging in at-risk behaviors, such as using substances, since alcohol consumption is a major risk factor for IPV (Fals-Stewart et al., 2005). Although probation violations do not always have to be proven in court, the probation officer is responsible for verifying the noncompliance, which can be done through other forms of data review, such as positive substance abuse tests, or record of missed treatment. The order of protection request can mean offenders are engaging in behaviors or contact considered to invoke fear, or another unwanted response, in a victim or potential victim. However, it does not necessarily mean this since orders of protection do not have to be proven. Thousands of women initiate orders of protection each year (Kethineni & Beichner, 2009).

It was also assumed that the male offender was the aggressor in a heterosexual relationship. However, it could not be inferred from the data that the relationship was

heterosexual or homosexual. This is noteworthy because most of the information provided in the literature review reference female victims and males aggressors.

Another assumption in the study is that offenders with serious mental illness (SMI) diagnoses are also included in the sample. In Arizona, SMI is defined as an adult who, as a result of a mental disorder, exhibits impaired emotional or behavioral functioning which “interferes substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration... (the) mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation” (<http://www.samhc.com/SMI-Determination.php>). Offenders with SMI diagnoses can be difficult to treat if they are not on their medication due to instability (Cerulli, Conner, & Weisman, 2004). For example, antipsychotic drugs are the mainstay of treatment for people with schizophrenia (Berger et al., 2012). According to Cerulli et al. (2004), individuals with severe and persistent mental illnesses who commit IPV fall under statutes that curb police discretion and result in more arrests. While these offenders may not be appropriate for adjudication in the legal system, the members of this subgroup are at increased risk for perpetrating IPV due to increased rates of co-occurring substance use disorders, conduct disorders, and difficulties with forming stable partner-relationships (Cerulli et al., 2004).

Other assumptions include the following: (a) participants were correctly convicted of an IPV offense they committed, (b) probation violations were justly founded, without

bias, (c) the data in the PCPD database and on the PCJC website has been accurately entered, and (d) the method of this study's data review was also completed accurately.

These assumptions were necessary in the context of the study because not every time an offender violates probation, commits an act of violence, or recidivates, is he caught, or is the offense reported. The available data provides the information known, while acknowledging there is also information not known. It is also important to state that, although it is reasonable to assume if an offender is accused of a violation, or if an order of protection is requested, there is enough evidence to support this; however, misinformation is possible. Lastly, because this was a data review, the information was subject to data entry error, which could not be controlled for.

### **Scope and Delimitations**

A data review was chosen to study the impact of collaboration and determine if there is a significant difference in outcomes for males who have been convicted of domestic violence offenses (offenders) and who attend collaborative treatment programs, versus offenders who do not attend collaborative treatment programs. Because this study was based on data review, some threats to internal validity were not of concern. For example, information about treatment outcomes was obtained without disrupting offenders' lives for interviews. In addition, data review avoided reliance on surveys' self-report.

However, there were some threats to internal validity: (a) different facilitators conducted different treatment groups at different agencies, (b) participants and data on them were all selected from a probation database by someone in the PCPD's Information

and Technology Systems Department, and (c) due to different ages and types of DV offenses, maturation could threaten internal validity since, while age was not a consideration in the study, age could impact recidivism. Another example of this would be an offender who has been on probation or in treatment before and knows what to expect, versus someone who has not and who may want to push boundaries. This could also be true for someone diagnosed with antisocial personality disorder. Mortality has been considered in this study which is why the number of names provided was greater than the sample size so that only complete data was used. Since the study was done after the offenders completed treatment and probation, and only data were reviewed, the diffusion of treatment, compensatory issues, and testing were not threats. The instrumentation did not change.

The boundaries of the study consisted of the information that could be obtained through a record review using databases at PCP Department and Pima County Justice Court, both in Tucson, AZ. There were not limitations to the data available in the record for the purposes of this study and sample size used.

The first review consisted of offenders ( $N = 126$ ) who were on probation at any time from July 1, 2007 through June 30, 2008. Following their termination from probation, a two-year follow-up search checking for recidivism was conducted. For example, the records of offenders who terminated from probation in 2007 were reviewed through the year 2009 and the records of offender who terminated from probation in 2008 were reviewed through the year 2010 for the two-year follow-up, and then after. The tripartite collaboration in Pima County began in 2009. Therefore, a second record review

was conducted with another group of offenders ( $N = 126$ ) from July 1, 2010 through June 30, 2012, again with the two-year follow-up checking for recidivism. Thus, the records of offenders who terminated from probation in 2010 were reviewed through the year 2012 and the records from offenders who terminated from probation were reviewed through the year 2014 for the two-year follow-up, and then after. Offender and/or victim accounts of the related information were not part of the study.

According to research results cannot be generalized to others who do not share the characteristics of specific study's participants, or in other settings. Also, results cannot be generalized to past or future situations when using a data review. Because this study was limited to offenders in Pima County, AZ, the results cannot be generalized to other areas of the United States (Creswell, 2009). Because the data review covered only 2007-2014, the results cannot be generalized to future situations which may be impacted by other factors.

### **Limitations**

There is a struggle to evaluate treatment effectiveness for IPV offenders because as many as 40% of offenders who attend the initial session fail to complete treatment (Sartin, Hansen, & Huss, 2006). In this study of men court-ordered to attend the treatment, 37% of the participants failed to attend 75% of the sessions (Sartin et al, 2008). However, this limitation was addressed in this current study by having a large sample size ( $N = 252$ ). Also, confounding variables could exist, such as age, type of IPV offense, repeat offender, and amount of time between offenses. These were not addressed in the current study.

Because a data review was conducted, many issues related to internal and external validity were mediated. For example, history and regression were not issues. Maturation, or the effect of time, can be a threat to internal validity and was addressed by using a large sample size to minimize the impact on results of offenders making changes. Mortality was addressed by not having anyone in the study who absconded. However, death was a possibility, but only offenders with complete data were used in the study. Selection presented a limitation as participants were only from Pima County, Arizona.

Due to the study being a data review using archival data, biases are also limited. However, biases from the probation officer could occur regarding probation violations, arrests, or unsuccessful completion of probation. Offenders have written conditions of probation and if they do not follow them, it could be considered a probation violation. However, there is some judgment at the time as to whether, or not, the probation officer will identify a behavior as a probation violation, or if a behavior constitutes an arrest. Further, offenders can have additional directives given by their probation officer, which can also result in probation violations if they do not follow them. Because there is human interaction between probation officers and offenders, there is some degree of judgement. Additionally, not all probation officers work in the same way. Thus, there was no way of knowing whether, or not, these biases existed. The offender did not have the opportunity to dispute the data's accuracy.

### **Significance**

Ohmer, Warner, and Beck (2010) discussed the impact of social ties and cohesion, which related to the projected results of a stronger sense of community for all

members, including victims and offenders. This could relate to this study's alternative hypothesis which indicated a significant difference in outcomes found in the dependent variables of recidivism (probation violations, re-arrests, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency part of the tripartite collaboration. Knowing offenders have received sufficient treatment could have several positive results, such as: (a) changing communities' attitudes about offenders and bringing communities closer together, (b) increasing offenders' ability to bond and network in their communities, and (c) increasing offenders' trust, and improving their norms and values (Ohmer et al., 2010). This likely could not occur if communities do not feel safe around offenders. Thus, improving treatment for offenders' can also improve their mental health which can result in positive changes for them, victims, potential victims, communities, and thus, society.

Improved collaboration between IPV offender treatment programs, probation, and victim services could help hold offenders more accountable due to having more information through increased communication between key players. It could also increase victims' safety. Increased information about how her partner is doing on probation and treatment could motivate victims to become more independent. For example, if a victim's partner did not make sufficient progress in treatment, this would be communicated to the victim, who could make an informed decision about whether or not to return to the relationship. If a victim remained in the relationship and there were safety concerns between the offender and victim, the participants in the collaboration could communicate

to help the couple put more safety checks in place, and advocate further to help prevent more IPV.

To make an impact on IPV, rehabilitation of the offender needs to be a focus. Using the tripartite approach, and encouraging probation, victim services, and treatment providers to communicate and collaborate with each other, could potentially help strengthen the family, impact the offender through increased accountability, and help keep the victim safer. Some may assume treatment success means a permanent end to IPV; however, if IPV treatment reduces the amount and severity of violence, it could still be viewed as somewhat effective (Sartin et al., 2006). Information gained through this study regarding statistical significance about how collaboration is, or is not, helpful in improving IPV offender outcomes is useful towards the effort of stopping IPV, including precipitating future studies. If victims and potential victims are to be better protected, IPV offenders need better treatment outcomes.

### **Summary**

In summary, IPV is a significant issue in the United States with women more often identified as the victims (CDC, 2010). IPV has received increased attention mostly within the past 40 years as efforts were made to provide treatment for the offenders, an alternative to incarceration, which was needed due to the increased number of arrests for such (Babcock et al, 2004). However, treatment is perceived as only marginally effective (Arias, Arce, & Vilarino, 2013). The importance of community involvement to challenge norms that support perpetuation of IPV (Hess, Allen & Todd, 2011) and recognizing the



need for collaboration (Salem & Dunford-Jackson, 2008) prompted this study and its examination of the impact of the tripartite collaboration on outcomes for IPV offenders.

Bronfenbrenner's (1977) EST provided the theoretical framework as it suggests a reciprocal relationship within and between the different layers of environment. This can relate to the impact of social cohesion and a stronger sense of community when offenders are viewed to receive adequate treatment (Ohmer et al., 2010). This ex-post facto, comparative, quantitative study utilized a convenience sample to compare two groups ( $N=252$ ), one where offenders attended treatment as part of the tripartite collaboration and one where offenders did not. The main assumption for this study is the accuracy of the data, however due to the study being a data review, other concerns for validity were limited. In this chapter, an introduction to IPV as a topic of this study and the potential positive social change implications were provided.

Chapter 2 follows with an exhaustive review of literature related to IPV and systems' involvement, its costs and effects, Bronfenbrenner's ecological systems theory, evolution of IPV offender treatment, different types of interventions, and collaboration. Chapter 3 covers the methodological approach used to conduct the research, the research design used to investigate the outcomes of IPV offenders, a description of the measures taken to guard the rights of participants represented by the data, an outline of the data collection and analysis process, and threats to validity. Chapter 4 covers data collection, treatment and intervention fidelity, the results of the study, and a summary of the research questions. Lastly, Chapter 5 provides the interpretation of findings, limitations of the study, recommendations, implications and conclusion.

## Chapter 2: Literature Review

### **Introduction**

The purpose of this ex-post facto, comparative, quantitative study was to examine the impact of tripartite collaboration on outcomes (probation violations, re-arrests, requested orders of protection against the offender, successful completion of probation, and successful completion of treatment) for males who have been convicted of IPV offenses.

Although there is some disagreement about the extent of this issue today, the consensus from the literature is that IPV is a significant public health problem in the United States (CDC, 2014). IPV involves physical and/or sexual violence, or the threat of it, as well as psychological abuse, such as stalking (CDC, 2014). There have been questions about the best way to address the behaviors of men who perpetrate violence against their female partners since the 1970s when the issue first emerged as a societal issue (Gondolf, 2004). That question still remains because no single intervention provides strong evidence of resolution (Babcock et al., 2004). Because most IPV occurs in relationships with the male as the aggressor—76% of women are victims compared to 24% of males (Catalano, 2013; Truman & Morgan, 2014)—the call to action and the goal of this study was to identify how to best help males decrease their abusive behavior.

This assistance may be found in a collaboration between treatment, probation, and victim services – the tripartite collaboration. These agencies were chosen since treatment and probation are two main parts of the offender's system once convicted of IPV. They are in place to help him address his abusive behaviors. Victim services was added as part

of the collaboration because victim advocates can provide information from the victim's perspective and provide information the offender's behaviors that treatment, nor probation, may not see. This study's focus was on the outcomes of the combined efforts of these three agencies to determine if a systems approach was more effective than putting the responsibility on only treatment, or a specific modality of such, or on probation, to rehabilitate the offender.

Despite efforts starting in the 1970s, there has not been a unanimously agreed upon way to address the issue of IPV. Efforts have ranged from mandatory arrest policies and orders of protection to treatment of offenders. This lack of clarity is likely not only due to differences in theory about how to address the abuse, but also because no intervention to date offers clear, consistent, impactful results (Babcock et al., 2004). Eight years later, this was reiterated by Pender (2012), who wrote that "to date, no evidence-based consensus exists regarding the most effective treatment for domestic violence perpetrators" (p. 218). According to some (Dutton, 2006; Mackenzie 2006; Stark, 2007), domestic violence programs should be overhauled because they raise false hopes among victims and often endanger them further (Gondolf, 2009).

Despite most literature identifying the late 1970s/1980s as a time when efforts to address the issue of IPV started, research actually began when Bard (1967) conducted a study with the New York City Police Department regarding efforts to decrease IPV during a time when arrest was not an option (Dutton, 2006). Then, the only options were negotiation and referrals to social service agencies. Although there are issues with how the study was conducted due to its nonequivalent design, ambiguous results, controversy

over some of the numbers cited, and conflicting claims, the study does show a start of efforts earlier than originally thought. Notably, any earlier studies, such as Wilt and Breedlove (1977), appeared to only focus on law enforcement involvement and not any of the other parts of the community used today to also address the issue (Dutton, 2006).

Today there are additional parts of the community involved, such as victim services organizations and treatment agencies for offenders. However, now the controversy lies in how the treatment groups should be facilitated, including how the treatment concepts are presented (therapeutically or didactically) and where the groups should be held, such as in a group room, or a classroom (Gondolf, 2012). If treatment is provided, professional training is needed, and confidentiality and other ethical issues must be considered. If psycho-education is provided, there are not as many restrictions.

According to Dutton and Corvo (2007), cognitive behavioral therapeutic (CBT) interventions have been the most successful approach in treating IPV offenders. For example, using CBT to focus on thinking errors related to violence, skills training, and anger management (Dutton & Corvo, 2007). Others believe in the management and control approach of the Duluth model, a psycho-educational model, which is the most widely known and emulated program (Rosenbaum & Klunkel, 2009). Perhaps the disagreements between not only types of interventions, but also basic philosophy and theoretical orientation, have increased the difficulty in providing effective services to his population. It is also possible that because neither the therapeutic nor the psycho-educational approach has shown significant effectiveness (Babcock et al., 2004) that the

debate continues between, which one is better in decreasing domestic violence and keeping society's women safer.

To summarize, the problem is IPV's long history with no clear direction in how best to address it. Every year, millions of women are victims of IPV (Kindness et al., 2009) and some lose their lives (Arizona Coalition Against Domestic Violence, 2012). While most IPV research does not offer consistent results in how to address the issue, such as from a treatment and/or criminal justice perspective (Babcock et al., 2004; Day, Chung, O'Leary & Carson, 2009; Gondolf, 2009; Gondolf, 2012), research about community involvement (Hess, Allen & Todd, 2011) and collaboration (Salem & Dunford-Jackson, 2008) may offer more hope.

This chapter provides a review of the literature related to IPV, treatment, and system involvement focusing on males as the aggressors in relationships. Also identified in this chapter are some of the financial, physical and emotional costs of IPV, as well as its rippling effects on others besides the victim, including children who witness such violence. Bronfenbrenner's EST (Bronfennbrenner, 1979) provides the theoretical foundation to this study. How this theory relates to a collaborative approach to IPV will be explored and integrated throughout this chapter. The evolution of IPV offender treatment and different types of interventions will also be explored, and problems with domestic violence offender treatment will be reviewed. Lastly, collaboration's role in working to decrease recidivism, including its difficulties and benefits, will be examined. Thus, the purpose of this chapter is to study IPV as a broad societal issue, its costs and effects on others, with Bronfenbrenner's EST offering the foundation to further examine

what is working and what is lacking regarding interventions for men convicted of IPV, and how collaboration can potentially offer some improvement to this issue of social injustice. These efforts are important considering the all of the costs.

In order to effectively research this issue and identify prospective peer-reviewed resources, databases such as Google Scholar, PsycINFO, Criminal Justice Periodicals, ProQuest Criminal Justice, and Academic Search Complete were searched using the keywords domestic violence and intimate partner violence initially, then paired with another keyword depending on the subject matter, or the results of a previous search. For example, when researching the different treatment modalities, domestic violence or intimate partner violence were paired with cognitive behavioral therapy (CBT) or couples counseling. Those keywords were also paired with other key points in the review, such as cost or substance abuse. Studies mentioned in articles would then also be researched. Boolean operators, including “AND” and “OR,” were also used to maximize results. Books by authors considered to be experts in the field (Gondolf and Dutton) were also utilized. In order to find the most updated statistics, some websites were used such as the FBI and CDC. The years searched were mainly the past five–ten years, with some key foundational studies providing earlier information about the issue, as well as showing how the research and outcomes have and have not progressed.

### **Cost of Intimate Partner Violence**

#### **Cost to the Victim**

Intimate Partner Violence (IPV) tolls on victims, families, and society through the physical and emotional consequences for victims and their children, medical expenses,

time lost from work, law enforcement/judicial system expenses, sheltering victims and children, and treatment for offenders, victims and families (Kindness et al., 2009; Trevillion, Oram, Feder, & Howard, 2012; CDC, 2014). The cost of IPV is expensive, and sometimes victims pay the ultimate price with their lives. If victims survive the abuse, they are more likely to experience adverse health outcomes, such being more susceptible to chronic pain, gastrointestinal disorders, and irritable bowel syndrome (Smith & Randall, 2007), as well as depression, anxiety, suicidal behavior, sexually transmitted infections, and unintended pregnancy (CDC, 2014). Due to the significant physical and psychiatric issues associated with IPV, victims use more health services compared to those not abused (Trevillion et al., 2012). Thus, IPV is associated with substantial medical and mental healthcare costs, with a combined estimate of medical, mental health, and lost productivity costs in excess of \$8.3 billion per year (CDC, 2014). This has increased as the cost of meeting the physical and mental health care needs of female victims of rape, physical assault, psychological/emotional abuse, or stalking was previously estimated at nearly \$4.1 billion each year (Kindness et al., 2009).

The prevalence of IPV is as concerning as the cost. The American Cancer Society (2004) reported more people are directly impacted by DV than by breast cancer (Babcock, Canady, Graham, & Schart, 2007). Each year, six million American women experience “mild” aggression (pushing, grabbing, slapping) by their intimate partners, while two million women experience more severe violence (punched, choked) (Babcock et al., 2007, p. 215). This is compared to 1,368,030 men and women who suffered from cancer in 2004 (American Cancer Society, 2004). Although the cancer numbers have

unfortunately increased since then to 1,665,540 in 2014, there are still more women impacted by IPV (American Cancer Society, 2014). Estimates of women who experience physical or sexual IPV range from 15–71% (Trevillion et al., 2012). Notably, despite the high numbers of IPV, Emery (2010) found strong evidence of under-reporting, which may mean the problem is even more extensive.

The cost is not only monetary. According to Ellsberg et al. (2008), women who had experienced IPV were significantly more likely to report their health as poorer, including identifying specific health concerns. Further, these women were more likely than non-abused women to report emotional distress, suicidal thoughts, and suicidal attempts. Other studies have found similar results. For example, Bonami et al. (2006) and Fletcher (2010), also found that women exposed to IPV had significantly worse health outcomes compared to non-abused women, had more pronounced adverse health effects, and the longer women were exposed to IPV, the worse their health outcomes. Taft et al. (2006) further substantiated that emotional abuse was associated with poorer mental and physical health after controlling for physical abuse in both male and female victims.

IPV is also associated with somatic illness and mental health conditions. Fletcher (2010) put the estimated effects of IPV in perspective by reporting that reducing IPV by one unit would reduce depressive symptoms by 9%. Each year, mild emotionally aggressive acts occur in 75% of couples and estimates of severe forms occur in 6–9% of couples (Foran, Slep, Heyman, & U.S. Air Force Family Advocacy Program, 2011). Although not specific diagnoses, learned helplessness due to not being able to stop the violence, and problem-solving skills deficits are additional problems victims can



experience. Emotional abuse was also associated with depressive symptoms, PTSD, marital problems, substance abuse disorders, suicide, and physical health problems (Stuart & Holtzworth-Munroe, 2005). In a meta-analysis of 37 U.S. studies, Beydoun, Beydoun, Kaufman, Lo and Zonderman (2012) found that most studies comparing exposed and nonexposed women to IPV suggested moderate or strong positive associations between IPV and depression. These women were at least twice as likely to be diagnosed with major depressive disorder and also showed increased risk of depressive symptoms and postpartum depression. They also found that 9–28% of major depressive disorders, increased depressive symptoms, and postpartum depression could be linked to experience with IPV.

It is also important to note that in a meta-analysis of 41 studies, Trevillion et al. (2012), found women with depressive disorders, anxiety disorders, and PTSD were at a higher risk of experiencing IPV, compared to women without such disorders. Although few longitudinal studies were found, so causality could not be investigated, these disorders have been identified as consequences of IPV (Stuart & Holtzworth-Munroe, 2005; Smith & Randall, 2007; Fletcher, 2010) which may contribute to the cyclical issue of IPV. According to Trevillion et al. (2012), prolonged exposure to frightening life events, such as IPV, is associated with the onset, duration and recurrence of mental disorders. There seems to be a cyclical effect since men and women with mental disorders show an increased risk of experiencing violence.

The way IPV is committed has not changed through the years. IPV, in the form of sexual and physical aggression, continues to occur at an unsettling rate with just as

devastating consequences for victims (White, McMullin, Swartout, Sechrist, & Gollehon, 2008). White et al. (2008) examined the prevalence of IPV through a longitudinal study of women from high school through college and found high percentages of victims. They found 88% of women reported physical victimization, 79% reported sexual victimization, and 64% reported both. They also found women who experienced either type of IPV, reported increased negative health behaviors compared to nonvictims. Examples of this include poorer health and being less likely to obtain regular medical check-ups (White et al., 2008). They also found IPV was associated with physical injury, fear, depression, PTSD, and suicide. Further, between 22-57% of homeless women identified IPV as the immediate cause of their homelessness (NNEDV, 2012). What is even more devastating than the effects on the victims is knowing they are not the only ones who suffer.

### **Cost to the Children**

There is a general consensus that children who are exposed to IPV are negatively impacted emotionally, behaviorally, socially, and psychologically (Matson & Ruiz, 2005; Bayarri, Ezpeleta, & Granero, 2011). Child abuse and IPV often co-occur within the same families, with an estimated 30-60% of families where either child maltreatment or IPV is identified, the other form of violence is also be present (Potito, Day, Carson, & O'Leary, 2009). In a study of women ( $N = 111$ ), 33% of mothers reported their children had been unintentionally injured during an IPV incident, over 25% reported the offender had intentionally injured their children when the child attempted to stop the abuse, and 25% reported their children were forced to watch their mother being physically or sexually assaulted (Mbilinyi, Edleson, Hagemeister, & Beeman, 2007).

In addition to the millions of women affected by IPV, estimates of U.S. children exposed to some form of IPV range from 200,000 (U.S. Department of Justice, 2001-2005b) to 18 million children (Tajima, Herrenkohl, Moylan, & Derr, 2010). The discrepancies in the estimates can be attributed to how the information was gathered and when (Tajima et al., 2010). However, what can be agreed upon is the large amount of children exposed to IPV and that these children are at-risk for developing various issues related to the exposure (Tajima et al., 2010), such as long-term emotional problems, psychiatric disorders, developmental problems, school failure, violence against others, and low self-esteem (Smith & Randall, 2007). Domestic violence rates are highest among 18–35-year-olds, and children are present in 61-86% of the homes with parents in that age range (retrieved from <http://leb.fbi.gov/2013/december/investigating-domestic-violence-raising-prosecution-and-conviction-rates>). Yet, child endangerment charges were listed in only 4% of investigations. Also, children exposed to IPV are at greater risk of both insecure attachment and internalization/externalization of problems (Levendosky, Lannert, & Yalch, 2012).

Meta-analytic reviews found 63% of children who witnessed IPV exhibited lower overall functioning than other children and identified their symptoms of anxiety, aggression, disrupted peer relations, poor academic performance, and intimate partner abuse (Hamel, 2007). Exposure to violence in the home is predictive of a child's violent behavior and children who witness parental violence are especially susceptible to psychological and social consequences with potentially life-long impact, such as, post-

traumatic stress disorders, traumatic avoidance or arousal, depressive disorders, attention deficit hyperactive disorder, irritability, aggression, noncompliant behaviors, and alteration of their central nervous system (Mattson & Ruiz, 2005).

Similarly, Bavarri et al. (2011) found children exposed to IPV are affected in regards to psychopathology and functional impairment, regardless of the extent of the exposure, age, or sex. These results are consistent with other studies focused on child exposure to IPV and psychopathology (Evans, Davies, & DiLillo, 2008; Fletcher, 2010; Moylan et al., 2010). Thus, exposure to IPV compromises children's psychological welfare and adjustment in different areas of functioning. This reinforces the argument that regardless of the extent children are exposed to IPV, whether they are direct victims of the aggression, act out aggressively against the mother with the offender, or witness the abuse, they are at risk of developing psychological problems (Bavarrio et al., 2011).

Despite the similarities, there are some differences between male and female children exposed to IPV. Male children from abusive families were found to be more deviant, such as displaying conduct disorder, personality disorder, inadequacy, immaturity, and subcultural delinquency (Hamel, 2007). Another difference found was that male children were more likely to act out behaviorally, while female children were more likely to internalize the symptoms, such as with depression, low self-esteem, and trauma (Mattson & Ruiz, 2005).

Another gender consideration regarding the impact of IPV on children is hostile attributional bias (HAB), which is a person's tendency to interpret another's actions as having hostile intent when those actions are ambiguous (Jin, Eagle, & Keet, 2008). HAB

may play a role in IPV because perpetrators typically have high rates of early exposure to violence and this exposure during childhood can impact social information processing styles. Thus, the now grown child automatically interprets ambiguous cues as hostile and may respond aggressively. HAB is more likely to be a risk factor for men as males are more often perpetrators rather than victims of IPV. Chen, Coccato and Jacobson (2012) identified gender as a moderating effect in HAB and reiterated its role in negative emotional responding, as well as in individual differences in aggression among adult males and females. They also provided evidence that externalizing and internalizing negative emotional responses are differentially related to aggression. Aggressive behaviors can seriously impact children and adolescents through emotional and social consequences, such as peer rejection, depression, and academic failure (Chen et al., 2012.)

Jin et al. (2008) identified one explanation for IPV is society's greater tolerance for violence inside versus outside the family, especially since perpetrators are more likely to get away with their violence in the home. HAB is more likely to occur in an intimate relationship than in a non-intimate relationship due to expectations being more limited and obvious in a non-intimate relationship. As such, what a person decides to do with the interpretation of cues is dependent on the evaluation of the possible outcomes. Bronfenbrenner's theory can be applied to this due to the messages received at different levels of society.

The cycle of familial violence appears to continue until it can be stopped and effectively addressed. Until that time, women and children, and thus society, will

continue to be impacted. The perpetuation of this cycle can lead to future offenders and victims of domestic violence. Research has established violent homes are more likely to produce violent adults, and women who have been victims of IPV are at increased risk of future violence (Feder & Wilson, 2005).

Some possible moderators for children's impact were identified as the quality of mother-child relationship (Johnson & Lieberman, 2007), the social support perceived by children (Owen, Mitchell, Paranjape, & Hargrove, 2008), the mother's mental health, and emphasizing the importance of prevention, recognition and effective treatment (Graham-Bermann, Howell, Lilly, & DeVoe, 2011). It is important to remember, the extensive cost of IPV is not just how the victim is impacted, but the children in the home, as well.

### **Summary**

These cyclical dynamics make the issue of IPV increasingly concerning. Domestic violence impacts society, and its different members, on many different levels. The impact and cost of domestic violence continues to be a societal issue with rippling effects beyond the physical harm. IPV also negatively impacts society's members emotionally, psychologically, and financially. It keeps society from moving forward with a cost and a debt not one victim or perpetrator could ever afford to repay. It negatively shapes children and can influence them to continue acting in the cycle of violence. Even when the problem is identified and addressed, its resolution is not guaranteed. Thus, a collaborative approach to address such a significant issue may be more effective since IPV impacts every level of our system. A systems approach may be needed to help rebuild what has been broken through domestic violence. The reason for the current study

is to examine how collaboration with victim services, probation, and treatment (Independent Variable) could impact the outcomes of these different systems by combining efforts. The outcomes were measured by reviewing probation completion, treatment completion, and recidivism through orders of protection, probation violations, and re-arrest (dependent variables). The current study is an effort in reducing the grave costs to victims, children, and society by taking a different approach to the current systems in place.

### **Theoretical Foundation**

Theoretical foundations help promote understanding about the origins of behavior, and guide effort to prevent, reduce or eliminate the problem (Loseke, Gelles, & Cavanaugh, 2005). One theory that helps to explain IPV and the impact a collaborative approach could have on offenders is Bronfenbrenner's ecological systems theory (EST). This section will provide information on such.

Bronfenbrenner (1977) identified a broader approach to research in human development by focusing on humans and their changing environments. EST suggests the surrounding environment affects a child's development, acknowledging the importance of both the immediate environment and the larger environment (Bronfenbrenner & Morris, 1998). The theory describes environmental systems, which may affect human development (micro-, meso-, exo-, and macro -systems) and suggests a reciprocal relationship within and between the different layers of environment, such that changes in one environment may affect others. Thus, Bronfenbrenner (1977) believed changes occur between people and environment in system's terms. This framework has been adopted by

the World Health Organization (WHO) as a public health approach in order to understand the risk factors of violence and for preventive measures (Tonsing, 2010).

The microsystem consists of intrapersonal and interpersonal factors that shape an individual's social identity (Bronfenbrenner, 1979). This could be identified as the individual, and their attitudes, behaviors, health and social history (Beyer, Wallis, & Hamberger, 2013). For example, the microsystem consists of the context in which the violence occurs, including the antecedents and consequences of the assault, such as the feelings of the perpetrator and victim (Dutton, 2006). Other examples using this model could be the offenders' violence and his changes in prosocial behaviors, as well as intrapersonal barriers, such as perceptions that services are not helpful, that service agencies cannot be trusted, or familial responses that support patriarchy (Becker et al., 2012).

The mesosystem includes linkages between microsystems in a person's social environment, such as a probation officer contacting a treatment provider to inquire about compliance and progress. According to Bronfenbrenner (1986), community can be conceptualized as another microsystem like family and peers, or it could be thought of as a mesosystem which facilitates interactions among the various spheres, such as family, peers, school, work, and faith settings (Smith, Faulk, & Sizer, 2013). Beyer et al. (2013) labeled this level as the interpersonal and family level, which relates to family relationships, patriarchal culture, role of women, substance use, employment, and poverty.



The exosystem is the formal and informal social structures which impacts what occurs in the settings the person interacts in, including work groups, friendships, support groups, or any other groups connecting the family to the larger culture (Dutton, 2006). It also includes interactions that impact the individual, such as work stress, or presence/absence of social support. Beyer et al. (2013) labeled this level as the neighborhood and community level where an individual can be influenced by the neighborhood environment, the culture of violence, access to services, quality of housing, substance use and social isolation. Community factors, such as the response to domestic violence in a given locale, can also be explained by the exosystem (Becker et al., 2012). For example, IPV may be more tolerated in a certain community compared to another.

The macrosystem is the broad cultural values and belief systems that influence other parts of the system (Dutton, 2006). Dutton (2006) identified patriarchy as an example since it influences the development of individual expectations about appropriate levels of authority in male-female relationships and the nature of social interaction in families. Community factors are also present at the macrolevel and can be explicit or implicit cultural or religious norms, which can either guide or discourage additional social support from formal services (Becker et al., 2012). An example related to this study would be the belief that familial issues are private, or men do not express vulnerability, and thus, the offender would not seek help when needed, or disclose fully in his group. This level can also be identified as policy, systems and society and exemplified through national, state and local policies, education of women, public awareness, firearms policies and emergency systems (Beyer et al., 2013). Another

example would be the decision-makers responsible for setting arrest policy in the offender's residing jurisdiction.

Bronfenbrenner (1977) defined ecological experimentation as investigation of the progression between humans and their environment by contrasting two or more environmental systems, or their structural components. Dutton (2006) agreed with applying ecological theory to domestic violence as a way to incorporate features of the offender, as well as the interpersonal context in which the violence occurred. This theory allows consideration for social factors, as well as individual factors, in a way which starts from a broad foundation and moves into a narrow field. Thinking about domestic violence this way may help to identify key places in an abuser's life to address to help curb violence. Dutton (2006) called this approach "nested ecological theory" because it identifies more precise variables such individual development "nested in (operating within) broader variables," such as social and cultural norms (Dutton, 2006, p. 19).

EST can be applied to this study in that the different levels of the system can impact the individual. It not only considers what is occurring in the immediate, but also considers formal and informal larger social contexts (Bronfenbrenner, 1977). This study focuses on the impact of a system on outcomes of the offender related to completion of treatment, completion of probation, and recidivism. The offender can receive information about how his behavior impacts himself, his victim, his family, and the community. Continuity or discontinuity of a given behavior can be attributed to system interactions (Rvachew & Bernhardt, 2010). Thus, when the offender is held accountable from

different levels of the system, it is possible he will be more impacted than when he is held accountable by just one part of the system.

Tonsing (2010) used Bronfenbrenner's EST (1979) to describe the various factors causing violence, including the interplay between the individual and social, cultural, and environmental factors. She adopted the ecological model to understand and explain the multiple factors of violence against women at different levels, such as social, personal, and cultural contexts, and identified four different levels using Bronfenbrenner's model. The microsystem was identified as the individual, the mesosystem was identified as the relationship (since relationships have potential to impact behaviors and experiences), the exosystem as the community (where social relationships are embedded, such as the schools, neighborhoods and employment), and the macrosystem as society (cultural norms and social acceptance of male dominance over women and violence). According to this model, these four levels were identified to illustrate the interaction of risk factors of IPV at different levels, with the individual at the center of the system, including personal history, biological and demographic factors, psychological or personality disorders, internalization/externalizing problems, and prior history of experiencing aggression or abuse influencing behavior and increasing chances of becoming a victim or perpetrator of violence (Tonsing, 2010).

A difference between Tonsing (2010) and the current study is that this study's focus is mostly on the microsystem (the offender) and the exosystem (the collaboration), and the populations differ as she studied South Asians in Hong Kong and the population of this study was focused in Tucson, Arizona. Another difference is that she also used

Bronfenbrenner's model to focus more on how domestic violence is established and perpetuated, while this study uses the model to focus more on a resolution. However, it is important to understand how a problem evolves in order to identify a solution.

Tonsing (2010) identified the evolution and perpetuation of domestic violence through the different levels of society using the EST, meaning there are different layers to domestic violence, and society must permeate those layers causing, allowing, and reinforcing the mistreatment of women. It also means that one approach directed at one layer will likely be unsuccessful. Foran et al. (2014) also examined ecological systems and found nearly all individual, family, workplace, and community factors were significantly related, and factors that caused unique variance were individual and family level factors (relationship dissatisfaction, perceived financial stress, alcohol problems, and self-efficacy). From this, potential targets for prevention at the organization and community levels were identified, such as increased support from neighbors and community cohesion, which uniquely related to reducing the risk of clinically significant emotional abuse.

This provides some hope that overriding the culture of acceptance of violence against women can be changed. Giustina (2008) proposed policies regarding economic, social, and cultural factors, at the macro level of the community and the micro level of victims and offenders. She identified the history of early studies (Dobash & Dobash, 1979) as investigating macro-level causes of domestic violence, while noting more recent research has focused on micro-level causes. She applied Bronfenbrenner's Systems Theory by acknowledging the importance of seeing society at a macro-level in order to

contextualize the micro-level causes of domestic violence, and identified these as personality disorders and characteristics, as well as childhood role models of adult behavior. This is similar to what Tonsing (2010) identified. Giustina (2008) believed these issues must be examined within macro- and social-level explanations, which she identified as a lack of available social and economic resources, and societal norms that tolerate violence against women.

Slep, Foran, and Heyman (2012) also conducted a study regarding EST and IPV and found modifiable risk factors from all ecological levels are relevant to any form of IPV; although, community factors related to the perpetration of violence were found through more proximal factors, such as the individual's functioning, age, and relationship satisfaction. Much of the EST can be applied to the current study in that the different levels of the system can impact the individual as the theory not only considers what is occurring in the immediate, but also considers larger formal and informal social contexts (Bronfenbrenner, 1977). The offender can receive information about how his behavior impacts himself, his victim, his family, and the community.

The continued struggle for those working with survivors of IPV is the question if batterers can change. Gondolf (2004) reported that due to our male-dominated society, it would take significant time and effort to unlearn this social reinforcement and acceptance of violence against women. However, batterer intervention groups offer the time and opportunity to do just this. The evolution and development of batterer intervention programs will be reviewed.

## **Summary**

To summarize, Bronfenbrenner's EST helps to explain IPV and the impact a collaborative approach could have on offenders. This section identified the different levels of this theory and how they relate to IPV. It also provided information how other researchers utilized this theory in explaining IPV and how using an EST-perspective could benefit offender outcomes.

## **Evolution of Intimate Partner Violence Offender Treatment**

This section will provide information on how IPV offender treatment has evolved through the establishment of shelters and advocacy to the impact on the criminal justice system. It will also provide information on how treatment was initially used, how it has grown as an intervention to IPV, and how Batterer Intervention Programs were first established and utilized.

### **Shelters**

Society's initial response to the issue of domestic violence was the development of shelters offering victim counseling and advocacy to rescue the victim from the abuse and provide her with skills, support, and resources to help her leave the abuser (Rosenbaum, Gearan, & Ondovic, 2008). The first shelters for victims of IPV emerged in the United States in 1967 (Lemon, 2009). These shelters, and the increased public scrutiny of the physical and mental subjugation of women, can be attributed to the women's movement (Barner & Carney, 2011). Women gaining the right to vote, the emergence of feminism, and their role in the World Wars strengthened female empowerment. Then, from both this movement and the related advocacy from victim

services (shelters), emerged the Battered Women's Movement, which included coalitions dedicated to securing state and federal funding, expanding victim services, and raising public awareness of the issue. The efforts were so successful, a problem developed regarding the lack of space in shelters. This is still an issue today and occurs despite mandated federal funding for such resources designated through the Violence Against Women Act and the Violent Crime Control and Law Enforcement Act of 1994 (Barner & Carney, 2011). Thus, while shelters are an effective short-term solution for the preservation of a woman's safety (if there is space available), it appears from the literature that our society needs a longer-term solution aimed at decreasing the perpetration of IPV.

### **Criminal Justice and Treatment**

Despite decades of indifference by the criminal justice system, it is currently much more involved in the efforts to impede domestic violence, which began with mandatory arrest laws prompted by lawsuits in the 1980s such as *Thurman v. City of Torrington, CT* (1984) (Hirschel, Buzawa, Pattavina, & Faggiani, 2008). Also, women's groups raised consciousness in a legal and judicial system historically reluctant to intervene in matters involving family violence (Kethineni & Beichner, 2009). They advocated for holding offenders accountable for their behavior through legislative policies, presumptive or mandatory arrest guidelines for law enforcement, and prosecution policies where charges could not be dropped. Women's groups were not the only ones who identified the initial benefit of arrest. Early on, studies (Sherman & Berk, 1984) found arrest deterred DV and the U.S. Attorney General's Task Force on Family

Violence (1984) recommended arrest and treatment. Mandatory and presumptive arrest policies increased the number of men arrested for misdemeanor DV, and although the courts wanted to prevent DV, they also did not want to incarcerate first-time misdemeanor offenders (Hirschel et al., 2008). Thus, with more offenders being arrested and prosecuted, judges needed to have options for sentencing, and often ordered them into treatment.

In response, Batterer Intervention Programs (BIPs) emerged in the 1970s and acknowledged men could and should change their abusive behaviors (Schmidt et al., 2007). Court-mandated treatment owed its popularity to the many misdemeanor level IPV cases, which were often first offenses, and did not justify incarceration, especially since incarceration can also negatively impact victims and children, due to loss of income and social stigma (Price & Rosenbaum, 2009). Many victims remained with their partners and expressed wanting more than just incarceration – they wanted them to get the counseling they believed they needed (Mills, Barocas, & Ariel, 2013). Victims of IPV described their relationships with their partners as living in a dangerous situation where they felt nervous, confused, fearful, and with poor self-esteem. However, they also felt hopeful the abuse would end when the man they cared about entered treatment (Smith & Randall, 2007). They considered the counseling their last hope.

According to Price and Rosenbaum (2009), most states have enacted legislation empowering and encouraging the courts to utilize BIPs in sentencing and in some cases as a diversionary program. Due to this type of sentencing, the number of these programs increased exponentially and are currently estimated as thousands of treatment programs



treating tens to hundreds of thousands of men each year. However, the increased emergence of BIPs rewarded entrepreneurship rather than effectiveness (Price & Rosenbaum, 2009). In the United States, there are approximately 2,000 BIPs (although this is believed to be an underestimate) and hundreds of thousands of convicted offenders mandated to receive this treatment each year by judges (Labriola et al., 2007; Price & Rosenbaum, 2009).

Despite the concern that counseling such men may raise false hope in their partners, some counselors allied with battered women's advocates and began facilitating groups for men who reported wanting to change (Gondolf, 2004). These groups focused on raising awareness about men's socialization to dominate women and using violence to maintain that dominance. These groups eventually began using the same cognitive-behavioral techniques used to counsel other violent men and evolved into using an established curricula despite critiques of the groups being too confrontation, superficial, or naïve. Despite the history and popularity, consistently effective treatment strategies are still needed for these programs (Pender, 2012). Cognitive-behavioral and pro-feminist approaches identify group education as the most effective format for BIPs, as this type of intervention is believed to "reinforce the concept that the use of violence as a tool of male control has its roots in patriarchal social norms, and that as battering is learned, behavior change to nonviolence can also be learned" (Schmidt et al., 2007, p. 92). This also appears to relate to Bronfenbrenner's EST as it references social norms, learned and accepted behaviors, and change.

**Batterer Intervention Programs (BIPs)**

The most common approach to treatment of DV crimes in the United States is the mandated group-based batter intervention programs (BIPs) (Mills et al., 2013). Tollefson, Webb, Shumway, Block and Nakamura (2009) also identified BIPs as a response to the problem of IPV and the most common intervention, aiming to improve the safety of victims and providing judges with an alternative to incarceration. DV services originated from advocacy and volunteer-related services for women, which promoted a gender-based explanation of IPV (Day et al., 2009). Due to this, BIPs have developed mostly separately from other treatment approaches for offenders. This conceptualization of treatment usually includes theoretical and political influences from both feminist and sociological analyses of IPV.

Goals of BIPs include ending the abuse (physical, emotional and sexual) and replacing it with new thinking and behaviors, which will lead to healthy relationships (Superior Court of Arizona: Maricopa County, 2014). Another goal is to confront the offender's belief system (Day et al., 2009) with emphasis on victim safety and offender accountability (Superior Court of Arizona: Maricopa County, 2014). However, despite well-established objectives, the success of these programs is often questioned. Thus, the problem in how to effectively address this issue of domestic violence continues. As evidenced by some of the dates of research in the literature review, the same problems have existed since research on this topic began, such as effectiveness, recidivism, and attrition. Further, despite three generations of research published over the last 20 years on

BIP effectiveness, there is not a definitive approach to treating IPV (Babcock et al., 2004; Labriola, Rempel, & Davis, 2005; Pender, 2012).

Despite the amount of research, BIPs are not standardized and have evolved since the 1990s independently of empirical research (Babcock et al., 2004). However, many programs share common principles such as IPV stems from the offender's feelings of anger, inadequacy, and powerlessness, and the primary focus is on helping offenders be accountable for their behavior and make positive changes regarding their attitudes and beliefs regarding women, relationships, and aggression (Rosenbaum & Klunkel, 2009). Other commonalities often include defining abuse, increasing responsibility, and teaching alternative reactions to behaviors (Saunders, 2008).

BIPs are often classified as psycho-educational, cognitive-behavioral, or didactic/confrontational, with the majority considered psycho-educational (Babcock et al., 2004). To help judges and victims with some quality assurance, many jurisdictions have treatment standards and identify those programs that have met such standards through certification (Babcock et al., 2004). Although there are commonalities, BIPs are often referenced as if they were all the same, which may be because literature on batterer intervention is dominated by very few treatment models, most commonly the Duluth model (Price & Rosenbaum, 2009). However, there are many different approaches to the issue of IPV. The problem is finding one that is effective.

### **Growth of Programs**

Dalton (2007) conducted the largest national survey to report the current state of BIPs and the provision of services regarding program structure, service characteristics,

referral processes, client characteristics, evaluation activities, and recidivism. This research was especially important since BIPs had become more independent with two-thirds completely self-supported by client fees. Another result from this research showed inadequate development of specific treatment tracks, as well as screening for participation in these tracks. Dalton (2007) compared many of his results to a similar survey by conducted 23 years earlier (Eddy & Myers, 1984) and found more programs had remained open for three or more years (87% versus 54.6%) representing growth and stability. This is not necessarily positive considering its representation of a societal issue. Autonomy had also increased (from 33.3% to 63%), and he attributed these results to the field maturing.

Dalton (2007) also compared BIPs' relationships with shelters. Twenty-five percent were operated by a shelter in 1984 compared to the 9.3% in 2007. Interactions and relationships with shelters also appeared to be decreasing as 37.3% reported "little or no relationship" indicated in the current study compared to 20.8% in the previous Eddy and Myers (1984) survey, which further supported the increased claims of autonomous operation (Dalton, 2007, p. 70). The decreased relationship was attributed to: a) shelters' input not considered or valued, b) theoretical differences between BIPs' and shelters' approach to the problem, c) shelters' low confidence in the effectiveness of BIP services, and d) BIP directors feeling dismissed or antagonized by shelter operators (Dalton, 2007).

Another change was the cost of BIPs compared to other mental health services, which increased from 55% to 92%. Some BIP directors stated charging for services was essential for program survival, but also held a therapeutic benefit as they believed clients

value the service more if they are financially responsible. This also places more responsibility on the offender to change his behavior. However, for low income or unemployed clients, the financial strain and impact on the household budget adds stress to all family members, including the victim, which could lead to further violence.

### **Summary**

Group treatment of men who have committed IPV is the most accepted intervention. In the past 30 years, some movement has been made about what is widely acceptable regarding these interventions, and what is not. However, without needing a professional degree or license to offer these services, some agencies and professionals may not be utilizing the most effective practices impacting the success, or lack thereof, of these services. This is another reason collaboration could impact outcomes of domestic violence offender treatment. Just as offenders should be held accountable, the people providing these services, should also be held accountable to engaging in best practices and utilizing what the latest research shows to be effective with this difficult and potentially dangerous population. Thus, if women are going to believe intervention decreases the violence, it is important to seek and implement the most effective treatment interventions. The different types of group interventions will now be reviewed.

### **Types of Interventions to IPV**

This section will provide information on the different types of interventions and approaches to IPV, including anger management, the Duluth Model/ Domestic Abuse Intervention Project, CBT, couples counseling, attachment theory, strength-based approach, brief and solution focused therapy, moral development, motivational

enhancement, stages of change, restorative justice, and multi-systems intervention. Each approach will be explained and explored with program evaluation and related research.

According to Gondolf (2011), BIPs are the primary intervention for IPV cases brought to criminal, civil, or family courts. Although curricula and operations vary, the majority of programs offer gender-based, psycho-educational or cognitive-behavioral groups with 8–15 members focusing on exposing the behavior of concern, prompting responsibility for that behavior, developing alternative behaviors, learning techniques to avoid abuse, and restructuring underlying justifications, rationalizations, attitudes, and beliefs (Gondolf, 2004; Gondolf, 2011). Although there are many approaches and modalities that target offenders, only a few have undergone rigorous empirical testing, including feminist psycho-educational men's groups, cognitive-behavioral men's groups, anger management (a form of cognitive-behavioral group treatment), and couples' therapy (Babcock et al., 2004).

Day et al. (2009) noted how rehabilitation programs for this population appear less effective in reducing recidivism compared to programs for other types of offender. They concluded further consideration was needed regarding how groups are designed and delivered, since this intervention appears to be poorly articulated, and leads to low levels of program integrity. In considering the safety of the victim, more effective treatment approaches need to be delivered, or offenders may need to be incarcerated. Types of group interventions and their program evaluation will be provided in this section.

## **Anger Management**

Anger management, and similar approaches, rely on an individual deficit model, and as such, are often viewed as insufficient (Day et al., 2009). Critics maintain this model is lacking regarding the use of psycho-educational content focused on gender power and stereotypes. Thus, they are ineffective when used with domestically-violent men. When some offenders reduced anger tactics, they found other less violent ways to continue abusing their victims (Gondolf, 2004). Gondolf (2004) noted anger, or the more emotional aspects utilized in psychodynamic approaches, do not distinguish offender severity and thus, may not be the most appropriate for counseling this population. This could also be a concern when trying to assess for risk and victim safety.

Despite some studies (Norlander & Eckhardt, 2005), showing a higher prevalence of anger in offenders compared to nonviolent men, Davey, Day, and Howells (2005) concluded, after an extensive review of research on anger and violent offenders that anger management programs may be counterproductive with certain types of offenders. Eckhardt, Samper, and Murphy (2008) ( $N = 190$ ), showed a relatively low portion of men with high levels of anger and the majority of the partner-abusive men did not present with anger issues. Thus, while anger management techniques can be included in BIPs, they do not appear sufficiently able to address the issue of IPV independently. If the offender has extreme anger, he may warrant special attention or additional treatment, but even anger management programs which focus primarily on anger will likely be insufficient to address that level of the issue (Eckhardt et al., 2008). “The causal role of anger in

violence and the usefulness of treating anger as a way to stop violence remain issues beyond the domestic violence field” (Gondolf, 2012, p. 120).

### **The Duluth Model/DAIP**

This psycho-educational approach originated from the Domestic Abuse Intervention Project program in Duluth, MN (also known as the Duluth Model or DAIP) (Babcock et al., 2004). According to this social work perspective, IPV is caused by patriarchal ideology and men’s implicit or explicit use of power and control over women. It is grounded in the philosophy that the victim, not the offender, is the client (Price & Rosenbaum, 2009). Thus, protection of the victim, not necessarily rehabilitation of the batterer, is the objective. This feminist model is based on an understanding of a specific type of coercive and controlling IPV which prompts the facilitators’ use of the Power and Control Wheel to address the harmfulness of authoritarian relationships, confront men’s assumptions about their right to control their partners, and encourage them to approach their relationships more equally (Kelly & Johnson, 2008). The Duluth model identifies men in our society as socialized into assuming they are entitled to power over women and our culture supports this dominant relationship (Rivette & Rees, 2004), which can be related to Bronfenbrenner’s EST based upon society’s and culture’s impact.

The curriculum is based on seven major assumptions: a) DV is a choice; b) it is supported by sexism and homophobia; c) offenders continue to abuse because of the benefits they receive; d) DV consists of a wide range of behaviors used to maintain an imbalance of power within a relationship; e) it has significant negative impacts on partners, children, family, and the community; f) it violates women’s human rights; and



g) offenders can change their behaviors if they are motivated to do so (Schmidt et al., 2007).

DAIP does not consider mental health diagnoses, nor does it consider the intervention to be therapy (Babcock et al., 2004). Thus, group facilitators are focused on challenging the offender's perceived right to control or dominate his partner through different exercises illustrating IPV as a pattern of intimidation and abuse versus isolated incidents of explosions of anger. The objectives of the program are to: a) increase offenders' understanding of their behaviors used to control partners, b) increase their awareness of the motivation and beliefs which support their choices to be abusive, c) increase their understanding of how their abuse impacts themselves, their partners, their children, and the community, d) challenge their cognitive distortions of denial, justification, and minimization and their efforts to avoid taking responsibility, e) increase their motivation to change and engage in safe, equitable and respectful relationships, and f) support offenders in safety planning to help ensure their partners' safety (Schmidt et al., 2007).

Although popular, the Duluth Model has its critics. Dutton (2007) believed enforcing psycho-educational models was a major setback in the efforts of delivering effective court-mandated therapy with this population. He viewed the psycho-educational approach as "a by-product of the feminist stereotype of all males as potentially violent" and the groups as a way to punish and shame men for oppression and privilege (Dutton, 2007, p. 27-28). He identified the result as only short-term compliance and unaddressed emotions and cognitions from which the violence derives due to an unestablished

therapeutic bond. Another criticism of this model is the increased abuse rates in lesbian relationships versus heterosexual relationships. Brown and Groscup (2009) found IPV prevalence rates of 47.5% in lesbian couples, 29.7% in gay couples, and 33% in heterosexual couples, which suggested intimacy and psychological factors may be more important than sexism. This approach has been also received disapproval for not sufficiently considering the therapeutic alliance, or personality factors, and concentrating solely on patriarchy as the reason for IPV (Lawson, Kellam, Quinn, & Malnar, 2012). The Duluth model's assumption that IPV can be stopped by altering patriarchal beliefs has very little empirical support (Dutton & Corvo, 2007).

Yet another criticism of this model is the small sample size the program was originally based upon (five battered women and four men who completed the Duluth program) (Dutton, 2007). In addition, there is concern about the focus on men being socialized to be dominant and controlling without addressing any psychological issues or emotions, only attributing negative feelings to patriarchal beliefs. The model encourages facilitators to use slavery as an example of dominance, but since only 9.6% of marriages in the United States are considered male-dominant, the example is considered excessive. Critics also commented on the model's "unyielding adherence to their etiology of violence, their monolithic model of male domination and instrumental violence...and the emphasis on socialization and control of women to the exclusion of other factors," which could also contribute to abuse (Dutton & Corvo, 2006, p. 461). This view of IPV can distort and limit other approaches to which may also be able to contribute to behavioral and psychological change (Dutton, 2007). This view can also create an atmosphere in the

group that is not advantageous to offenders sharing openly and honestly with vulnerability and trust. This can result in a focus of judgment and humiliation with offenders becoming grudgingly compliant, or dropping out (Dutton, 2007).

According to Vetere and Cooper (2004), if the logic of the pro-feminist argument is followed, men learn to be abusive and feel entitled to apply male privilege within a chauvinistic society that reinforces such abuse. Subsequently, they questioned how this model can answer why only some men are abusive; why the worst IPV is committed by a minority of men; or why some women are violent in both heterosexual and homosexual relationships given similar cultural exposure (Vetere & Cooper, 2004). While this model may not be the most effective approach for all kinds of offenders, the Duluth Model's objectives to have respectful and non-abusive relationships and the skills in order to achieve this goal (affect regulation, assertiveness, negotiation) are similar to other theoretical models for this population, including CBT (Dutton, 2007).

Despite psychology's long-standing tradition of basing practice on research indicating the most effective practices, DV offender treatment is entrenched in a generic approach, based on the Duluth Model, and without proof that these programs considerably impact violence (Dutton & Carvo, 2006). However, most of the literature related to effectiveness in BIPs comes from research related to the Duluth model (Aguirre et al., 2011). According to Dutton and Corvo (2006), evaluation research on BIPs based on the Duluth model showed no confirmation these programs decreased violence, with several experimental outcome studies yielding an effect size of zero. Further, Cantos and O'Leary (2014) reported that critical examination is needed of the mandated one-size-

fits-all Duluth model. They maintained the lack of data did not validate mandating all offenders to address issues with power and control. Notably, Stith, Smith, Penn, Ward, and Tritt (2004) used a meta-analytic review to show small effect sizes for the relationship between IPV and attitudes condoning violence and IPV and traditional gender-role beliefs.

### **Cognitive Behavioral Therapy (CBT)**

Despite the concerns, the Duluth Model psycho-educational groups were mandatory in many states making sure group facilitators were accountable to victim advocates (Dutton, 2007). As service providers became “disenchanted” with the Duluth Program, they returned to using CBT techniques with Duluth perspectives in order to satisfy state requirements (p. 30). CBT is another popular intervention to IPV. CBT groups, developed primarily by psychologists, differ from the Duluth Model in that violence is the primary focus of treatment (Babcock et al., 2004), not the victim like in the Duluth model. According to this model, violence is a learned behavior, and as such, nonviolence can also be learned. Thus, the violence is viewed as a socially-learned and self-reinforcing, and offenders engage in it to increase their dominance in the relationship (Schmidt et al., 2007). Violence is also seen as a choice. Using the CBT model, the therapist identifies the pros and cons of violence, and incorporates skills training (communication, assertiveness, and social skills) and anger management techniques (timeouts, relaxation training, and changing negative thoughts) to increase cognizance of alternatives to violence while addressing emotions like empathy and jealousy (Babcock et al., 2004).

Another important component of this model is addressing offender attitudes and beliefs regarding women and the use of violence toward them (Schmidt et al., 2007). In this way, this is similar to the Duluth model. The goal of CBT groups is to re-socialize men by facilitating the exploration of the belief systems that reinforce their violence, helping them recognize controlling behaviors, educating them on the effects of violence, and teaching them nonviolent and non-controlling behaviors (Schmidt et al., 2007). Similar to the Duluth Model, CBT group facilitators view group education as the most effective format due to socialization factors.

Despite the similarities, the Duluth perspective is critical of CBT, often mislabeling it as anger management, despite it never focusing primarily on anger management and actually having 16 treatment objectives (Dutton, 2007). Proponents of CBT argue about the role of anger in DV and report their findings support higher levels of anger (Norlander & Eckhardt, 2005). CBT has been criticized for failing to acknowledge motivation issues during treatment (Lawson et al., 2012). Still, researchers continue to recommend structured cognitive-behavioral approaches (Gondolf, 2011).

**CBT program evaluation.** The CBT approach continues to be a primary intervention likely due to the antisocial tendencies typical in court-referred clients, as well as being more efficient and less costly to implement (Gondolf, 2004). Thus, the “one size fits most” approach also remains predominant as 56% of the men lacked evidence of personality disorders or major psychological problems, and if they did, the majority were still appropriate for cognitive-behavioral counseling (Gondolf, 2004, p. 623).

A recent review of the literature focused on randomized controlled evaluations of the effects of CBT on men's physical violence towards their female partners (six small trials;  $N = 2343$ ) (Smedslund, Dalsbo, Steiro, Winsvold, & Clench-Aas, 2012). Four of these trials compared men who received CBT with men who did not receive any treatment. This study was not able to show whether or not CBT was better than no treatment, or another treatment due to small effect sizes (Smedslund et al., 2012). Lastly, studies comparing CBT, feminist psycho-education, and/or other control groups have consistently shown little to no effect (Babcock et al., 2004). However, because it targets specific partner violent behaviors, cognitions, and interpersonal skills, it may be an important part of effective interventions (Dutton, 2007).

**Combination of CBT and pro-feminism program evaluation.** Some programs combine what they think are the two best choices for domestic violence intervention potentially in hopes of improved outcomes. The Domestic Abuse Education Project (DAEP) is an example of such combining CBT and a pro-feminism approach (Schmidt et al., 2007). Using a pre- and post-test instrument, Schmidt et al. (2007) determined short-term attitudinal change in attitude of participants ( $N = 726$ ) and identified motivating factors to change behavior through completion of a twenty-seven session program. Participants reported a positive change in attitudes regarding their abusive behavior and stereotypical beliefs about women, as well as increased motivation to change due to the impact of abuse on familial relationships (Schmidt et al., 2007). This can be related back to Bronfenbrenner's EST. However, participants continued to argue that insecurity, jealousy, and substance use can cause violence; thus while showing some motivation and

attitude changes, still not showing full acceptance of accountability, nor identifying violence as a choice (Schmidt et al., 2007). While Schmidt et al. (2007) identified CBT and pro-feminism groups as an effective intervention, they also identified a limitation of the study as self-reported data by the offender, which was not collaborated with victim report and/or arrest records.

In addition to the findings of non-significant positive effect from treatment and the findings of intervention types as a non-significant moderator of recidivism, Arias et al.'s (2013) meta-analysis ( $N = 18,941$ ) also yielded efficacy rates of 38% and 42% for the Duluth Model and CBT, respectively. Similar to Eckhardt et al. (2013) and Smedslund et al. (2012), evidence remains inconclusive and thus, strong conclusions cannot be drawn. The lack of a significant treatment effect between the Duluth Model and CBT programs corroborated the findings of Babcock et al. (2004), another meta-analysis.

### **Couples' Counseling**

Another approach to IPV intervention is couples' counseling. The premise of including the wife is based on the theory that IPV occurs when partners are arguing and the conflict escalates until one or both strike (Dutton, 2007). The focus is on becoming aware of reactions to responses during conflicts, taking responsibility for them, and controlling by teaching assertive and nonviolent communication (Dutton, 2007). This systems approach avoids blaming by encouraging couples to think of the causes of violence as circular rather than linear, with each partner identifying their role; however, the male is ultimately responsible for controlling the violence.

While researchers are concerned about its safety and effectiveness, couples' counseling has been endorsed as a practical ancillary and/or alternative to BIP subsequent to assessment and safety protocol (Todahl, Linville, Shamblin, & Ball, 2012). Proponents agree couples' therapy is not appropriate for certain individuals, especially with severe violence; however, they also maintain this approach can be effective for offenders due to the assumption that their behaviors are heterogeneous (Todahl et al., 2012). Todahl et al. (2012) reported standard BIPs may also not be appropriate for severely violent offenders given the small to insignificant effects of BIPs.

Still, couples' therapy was not considered suitable treatment in 74% of state standards (Rosenbaum & Klunkel, 2009). Some states allowed a limited number of couples meetings for specific purposes, such as to gather information, set behavioral goals, arrange for a separation, or teach anger management skills, such as the time-out. Other states allowed this treatment for IPV, as long as it was not the primary modality, the offender had completed a BIP, and the woman was choosing to continue with the relationship (Rosenbaum & Klunkel, 2009).

McCullom and Stith (2007) also recognized the concerns about seeing couples conjointly when there had been IPV, but they reported the research literature and clinical practice experience indicated this approach can be safe and effective for at least some couples. They identified three reasons it could be helpful: a) only treating the offender may ignore the impact of women's aggression and in some situations where offenders are likely to respond out of self-defense, it has shown to result in higher injury for her, b) it



considers the role marital discord plays in IPV, and c) many couples remain together after the violence (McCullom & Stith, 2007).

Still, couples' counseling could present a more dangerous situation for the victim outside of the session due to what is disclosed, and may imply blame on her part for the abuse, which is also why most states set standards to discourage or prohibit this type of programming (Babcock et al., 2004). When couples' therapy is used, the rules are that the woman is no longer at risk for physical violence, and the woman is not taught to give in to what her partner wants (Dutton, 2007). Notably, this approach would not be suitable for every situation, and history of violent behavior, family dynamics, pathology, levels of aggression, and safety would all need to be considered. Concerns about the safety of this format include: a) dangerous and possibly not therapeutic, b) in-session conversations may result in physical and/or emotional violence after, c) victims may minimize their needs due to fear of retaliation, and d) unclear individual responsibility can create a message of mutual responsibility for the violence ((Babcock et al., 2004; Dutton, 2007).

According to Todahl et al. (2012), clinical trials have concluded couples' treatment for IPV is safe and at least as effective as conventional BIPs. Stith et al. (2004) found significant reductions in male violence recidivism ( $N = 42$ ) after 6 months of ending couples' counseling in a group format. However, 25% recidivated. While in individual couples' format, 43% recidivated; and in the untreated control group, 66% recidivated (Stith et al., 2004). A qualitative narrative analysis with client participant interviews ( $N = 48$ ) found their experience in couples' counseling with IPV treatment as

positive, safe, and useful (Todahl et al., 2012). However, the study had significant limitations regarding its homogeneous population and reliance on self-reports.

Wray, Hoyt and Gerstle (2013) used a combination some modalities and found it effective for reducing IPV with mutually violent couples. They implemented IPV curriculum in an equivalent, but separate format to each partner. Self-reports of participants' own behavior and their partners' behavior revealed decreased violence, including at the one-year follow-up (Wray et al., 2013). This reiterates the importance of assessment and the concept that what is best in addressing IPV for one offender, may not work for another. In this case, the study looks at addressing the couple, which has been debated due to the dynamics in IPV and related safety concerns.

### **Attachment Theory**

Another alternative approach is the implementation of attachment theory. Attachment theory is a theory of human motivation by John Bowlby and Mary Ainsworth emphasizing the importance of the child's bond to their mother and the consequences of the disrupting of that bond (Shilkret, 2005). According to Gondolf (2011), attachment theory has increased its popularity as a way to address personality traits, emotional problems, and interaction patterns, while guiding treatment towards a more effective and longer-lasting outcomes. Dutton (2007) argued that for offenders whose violence stems from early experiences, attachment theory may offer valuable perspective and insight into this issue. He also reported this theory suggests childhood issues with attachment may manifest in adulthood reactions with extreme anger now directed at a sexual partner due to perceived (or real) threats of separation or abandonment. This theory relates to fearful

attachment and fear of rejection (Dutton, 2007). Dutton and White (2012) argued that human attachment encompasses varying insecurities including fearful and preoccupied attachment style, negative emotionality, and borderline personality organization, which can be causative factors and predictors for IPV. This is due to an inability to recall memories of parental support when feeling threatened, as well as impulsivity and diminished ability to implement affective controls (Dutton & White, 2012). Thus, addressing this through treatment could be helpful to offenders.

Despite its recommendation to be used in offender treatment in lieu of the gender-based, cognitive-behavioral approaches, the basis of attachment theory appears to be focused on studies of offender characteristics versus treatment outcomes (Gondolf, 2011). As Gondolf (2011) explored attachment theory, he discussed psychodynamic approaches and personality disorders, traits, and types, while drawing parallels between abusive personalities and addictive personalities. Although they share some commonalities (low self-esteem, fear of abandonment, anxiety, and shame), there did not appear to be evidence these similarities are related to the onset of IPV (Gondolf, 2011). However, Buttell, Muldoon, and Carney (2005) found issues of attachment and dependency may be related to the development of an abusive personality for a certain type of offender. If so, efforts to improve intervention outcomes may need to focus on distinguishing offender subtypes, and in turn, develop different interventions more applicable to the needs of each subtype. Thus, it would not be appropriate for a heterogeneous group of offenders.

Buttell et al. (2005) investigated levels of interpersonal dependency, an indicator of insecure attachment in adulthood, among men ( $N = 183$ ; 158 violent offenders court-

mandated into IPV treatment and 25 nonviolent men). When compared to the nonviolent group, offenders showed significantly-elevated levels of interpersonal dependency. However, they reported additional research is needed before the role of interpersonal dependency in DV can be more fully understood. Also, the large difference in numbers between violent and nonviolent men may have impacted the validity of the study. Tasso, Brown, Griffo & Maxwell (2012) attempted to use the Adult Attachment Scale with offenders ( $N = 176$ ), but results could not be concluded due to participants' random and contradictory response style. Thus, more research needs to be done before any conclusions can be drawn regarding the use of attachment theory in DV offender treatment.

### **Strength-Based Approach**

Another alternative and motivational approach regarding offender treatment is a strength-based approach. This is a considerably different approach than the standardized Duluth model. This model utilizes the beliefs of offenders within their own experiences and value/belief systems. It focuses on offenders deciding to change because they identify its worth, not because they are instructed to so because they are bad (Lehmann & Simmons, 2009).

Although this approach is not new to the counseling field, it is new to offender intervention since they are historically viewed unfavorably (Lehmann & Simmons, 2009). With this approach, offenders are viewed as complicated and part of a heterogeneous group where homogeneous approaches will not work. The offenders' strengths can also be drawn upon to help solve the problem using a solution-based

approach (Lehmann & Simmons, 2009). Critics may disagree with taking a therapeutic approach to offender intervention. While this approach does not replace punishment, it does distinguish between the two roles (Lehmann & Simmons, 2009).

Aguirre et al.'s (2011) qualitative study focused on men's responses using a strengths-based approach as an adjunct to treatment. This study concentrated on men's answers regarding their lived experiences to identify their values or strengths which could translate into motivation for change. Brief narratives were also utilized to enlist a therapeutic response versus only an educational approach, offering the argument for the benefits of building an alliance versus only confrontation or challenge (Aguirre et al.'s, 2011). Further, the premise is that counseling skills of reflecting and summarizing can also translate into client change, as well as build upon what clients are already doing well and help them focus on bridging non-abusive behaviors with other self-directed goals (Aguirre et al., 2011).

Next, the study focused on identifying strengths, which offered "a proactive response towards accountability and ending violence" (Aguirre et al., 2011, p. 138). Through content analysis, offenders ( $N = 110$ ) focused on their personal resources and identified their strengths in order to redirect negative behavior, and use these competencies and resources to be accountable and end violence against their partners (Aguirre et al., 2011). Practitioners developed relationships with offenders to help them establish coping skills and satisfactory relationships with family and peers, value sense of personal accomplishment, and enhance personal and social development (Aguirre et al., 2011).. With this approach, group facilitators engage with offenders in a purposeful and

positive way. They also adhere to the goals and objectives which allow for balance between the offenders' strengths, needs, and risks, while not compromising the safety of the victim, and maintaining accountability as an important part of the process (Aguirre et al., 2011).

The study appeared to relate to Bronfenbrenner's EST due to its interconnectedness of identified strengths and family and peer systems. However, the major limitation of this study was identified as the researchers' lack of interview transcripts when the Strengths Questionnaire was facilitated (Aguirre et al., 2011). Another limitation of this study is that it does not offer any information about how violent behavior was impacted, or how this intervention helped to change negative belief systems leading to abuse.

### **Brief and Solution-Oriented Therapy**

Yet another modality is brief and solution-oriented therapy, more commonly known as solution-focused therapy. Advocates of this type of therapy argued that despite violent offenders' differences in personality and behavioral patterns, their commonalities addressed in counseling and stopping violent behaviors may be independent from the causes of such behavior (Gondolf, 2004). Thus, the focus is not on why a man abuses, but how he stops the abuse. Still, there are offenders who should be assessed for severe psychiatric disorders and referred to appropriate treatment for such (Gondolf, 2004). Stith et al. (2011) based their work with domestic violence–focused couples' therapy on solution-focused brief therapy, but modified it to fit the realities of IPV. They focused on strength and competency unless they encountered constraints, such as threats to safety,

the need to deal with the pain past violence, the recurrence of violence, depression, etc. (Stith et al., 2011). If those constraints occurred, they had to use other interventions. They found the biggest impediment to using this intervention were situations that demanded a more therapist-directed stance than could fit within the solution-focused model (Stith et al., 2011).

Building on a strengths-based perspective, a solution-focused approach encourages a person to be accountable for solutions versus concentrating on problems (Lee, Uken, & Sebold, 2004). Lee et al. (2004) conducted an outcome study with a one-group pre- and posttest design with six-month follow-up to determine the effectiveness of a solution-focused group treatment program for court-ordered DV offenders ( $N = 90$ ). For this group, they found a 16.7% recidivism rate, significant improvement in intimate relational skills (per significant other) and a significant increase in their self-esteem (per self-reports) (Lee et al., 2004).

In another study, self-reports were also used to identify progress of decreasing IPV using a solution-focused approach ( $N = 52$ ) (Milner & Singleton, 2008). Progress seemed difficult to substantiate since it was based off self-reports; however, they also used police checks and partner reports (Milner & Singleton, 2008). They did not give information about recidivism, but mostly focused on individual accounts (Milner & Singleton, 2008). Attrition was identified as an issue since 26.5% did not complete the program, or 22% did not complete if the men who were asked to leave due to not being appropriate for treatment, or not yet ready to change were discounted (Milner &

Singleton, 2008). Milner and Singleton (2008) reported these results are comparable to other programs.

Again, despite some forward movement with this approach, there is not a substantial amount of literature or empirical evidence to recommend the use of this modality with this offender population. It may be important to consider this approach as more useful with certain types of offenders.

### **Moral Development**

When applied to offenders, this type of moral counseling is called Moral Reconciliation Therapy (MRT) (Van Vugt et al., 2011). MRT is an approach that can be used to address IPV through moral development. MRT was first used in 1986 in a prison-based therapeutic community in Memphis, TN (Little & Robinson, 2006). The program was designed to incorporate cognitive elements into a behavioral program, focusing on moral reasoning (Little & Robinson, 2006). Kohlberg's (1984) developmental stage model of moral judgment consists of six hierarchically- ordered stages that provide increasingly acceptable solutions to moral issues, and include: a) Stage 1 (obedience and punishment orientation) – the distinction between right or wrong is based on negative consequences for oneself, or on rules of authority figures; b) Stage 2 (instrumental and exchange orientation) - the distinction between right and wrong depends on personal benefits; c) Stage 3 (interpersonal relationships orientation) – importance is placed on conformity to social expectations and positive intentions of behavior; d) Stage 4 (member-of- society orientation) - importance is placed on maintenance of social order; e) Stage 5 (social contract orientation) - right is defined by the degree to which rules meet



the needs of most people (social contract orientation); and Stage 6 (universal principles orientation) - right is grounded in principles of justice securing moral decisions are based on equality and full respect for each individual (Van Vugt et al., 2011).

Another interpretation of Kohlberg's theory is that it has three hierarchical levels of moral reasoning: a) the pre-conventional level (rules and expectations are perceived as being externally imposed), b) the conventional level (people uphold society's rules and expectations because they have internalized these standards of behavior), and c) the post-conventional level (differentiation between the self and the societal-expected standards of behavior; the person chooses their own, universally-accepted moral principles and values) (Butler, 2005). Not everyone achieves post-conventional moral reasoning. Thus, Kohlberg believed people build their moral judgments versus passively learning values from society.

MRT could be a helpful teaching tool when working with offenders, since individuals are assumed to reach higher stages of moral judgment when they cognitively mature, and moral judgment is related to age, educational level, and intelligence (Langdon, Murphy, Clare, & Palmer, 2010). However, Kohlberg's theory may underestimate the impact of societal and cultural influences on moral reasoning since people are only able to develop their moral reasoning within their own moral context (Butler, 2005). This relates to Bronfenbrenner's EST as it shows the influence of society on moral development. However, this intervention seems to offer the opportunity for offenders to learn how to make different decisions based on moral intelligence, which is taught through MRT. Krebs and Denton (2005) reviewed the empirical literature on

moral judgment, and concluded moral judgment is better understood from a dimensional perspective. This means individuals' moral judgment ranges depending on the situation. This also means education about responding in a morally appropriate way despite the situation could be helpful for offenders as it also relates back to a core goal of offender treatment – accountability.

The first outcome study (Wood & Sweet, 1974) of MRT showed 67% of program completers were not re-incarcerated, but completion rates were low and re-arrests were not evaluated (Little & Robinson, 2006). Van Vugt et al., (2011) conducted a meta-analysis of 19 studies ( $N = 15,992$  offenders) which showed a significant inverse relationship between more mature moral development and recidivism. However, self-report measures of recidivism showed significantly larger effect sizes ( $r = .32$ ) than official reports of recidivism ( $r = .09$ ). Ferguson and Wormith (2013) conducted another meta-analysis of 33 studies considering criminal offending subsequent to treatment ( $N = 30,259$ ) and found MRT had a small ( $r = .16$ ), but important effect on recidivism. The benefits of MRT were strongest with a shorter follow-up and with smaller or larger samples versus medium-sized. Notably, the effect size was smaller for studies published by the developers of MRT and for studies published after 1999.

Some positive reductions in recidivism were observed when MRT with CBT was utilized, which suggests the effectiveness of cognitive skills and restructuring paired with programs that emphasize moral teachings and reasoning (Wilson, Bouffard, & Mackenzie, 2005). However, effect sizes were low. Again, here is an approach that

showed some positive results, but not nothing substantial, and not much more than any other approach. This low effect size may be a reason there was not more research on it.

### **Motivational Enhancement**

Despite the trend of IPV treatment lacking positive results, motivational enhancement may be an encouraging addition to current treatment approaches. Miller and Rollnick (Miller, 1983) developed motivational interviewing during their work with individuals experiencing alcohol and drug addictions (Hughes & Rasmussen, 2010). This approach can be an enhancement to regular treatment services. Since motivation relates to recruitment, engagement, and retention in treatment, this technique can be used to help offenders change by expressing empathy, avoiding arguing, and addressing ambivalence in order to strengthen their commitment to change (McMuran, 2009).

Motivational enhancement techniques, also called motivational interviewing (MI), may help reduce IPV recidivism (Crane & Eckhardt, 2013). This is done by facilitators using these techniques to increase client investment in, and compliance with, treatment by nonabrasively diffusing anger regarding mandated treatment, building therapeutic rapport, rolling with the resistance, and enhancing the client's expectation of benefiting from a BIP with the goal of experiencing positive change (Murphy & Eckhardt, 2005; Crane & Eckhardt, 2013). Readiness for treatment and change is determined by various internal and external factors (Ward, Day, Howells, & Birgden, 2004). This approach is based on the transtheoretical model, which suggests behavioral change occurs as a person progresses through stages, each moving the person to higher levels of motivational readiness for change (Hughes & Rasmussen, 2010).

Drieschner et al. (2004) suggested clients need to be motivated and engaged in treatment that appropriately addresses their issues, and that while engagement is necessary, it is not sufficient in supporting change. BIPs offer an opportunity to address their abusive behaviors, as well as any comorbid challenges, and engagement may be the first step to change (Scott et al., 2011). The drug court movement exemplifies the value of combining required, but engaging and supportive interventions, with strong programmatic and judicial responses when mandated offenders fail to comply (Wilson et al. 2006). Like substance use, IPV also needs the strongest, most engaging, therapeutic program relevant to offenders and coupled with the strongest external sanctions for failure to comply (Deschenes et al. 2009).

Scott et al. (2011) applied motivational approaches to resistant clients for six weeks before providing the remainder of their treatment with the Duluth-model approach and found these clients were much less likely to drop out of treatment (one of the major problems with this population). The study yielded an 84.2% completion rate by participants who attended groups offering motivational enhancement, which was higher than results for resistive clients who did not attend groups with motivational enhancement (46.5%) and non-resistive clients (61.1%) (Scott et al., 2011). Although this approach yielded positive completion results, it did not positively impact the participant meeting the core treatment goals of engagement and accountability, since approximately 20% of clients participated inappropriately or not at all, 18% did not take accountability for their abusive behavior, and 20% took limited accountability (Scott et al., 2011).

Similar results were found in a similar study by Crane and Eckhardt (2013), although they evaluated the efficacy of only one session of motivational enhancement versus the six sessions offered by Scott et al. (2011). Crane and Eckhardt (2013) utilized brief motivational enhancement (BME) to increase treatment compliance and reduce recidivism rates in recently adjudicated offenders ( $N = 82$ ). They reviewed BIP attendance and completion records and re-arrest records as the primary outcome measure six months post-adjudication. This is similar to the methodology of this study.

BME indicated increased session attendance and treatment compliance; however, reductions in recidivism were not directly associated (Crane & Eckhardt, 2013). The results of this study indicated BME participants with low readiness to change had better attendance and were more compliant than control participants with the same level of motivation, while there was no difference regarding attendance of participants with high readiness to change, regardless of study condition (Crane & Eckhardt, 2013). Crane and Eckhardt (2013) concluded similarly to Scott et al. (2011) that outcomes may be improved through treatment efforts that consider individual differences, such as their level of motivation; and also similarly, there was again no positive impact on recidivism.

Such results raise concerns about program failure. Gondolf and Wernik (2009) found a weak association between ratings of men's behavior during treatment and re-assault during follow-up. It also raises concerns that motivational enhancement helps men complete the program, and thus, increase compliance with the justice system, but fails to reduce recidivism (Scott et al., 2011). This could also translate into an issue for victim safety, since more offenders are completing and possibly sending the incorrect message

they have made progress regarding their assaultive behaviors. Other critics of motivational enhancement question if the focus is too much on the offender rather than on the needs of the victim, if the style promotes colluding between the counselor and offender, or if too much time is taken away from addressing accountability and victim safety (Scott et al., 2011).

While Spinger and Roberts (2007) supported motivation enhancing strategies, Scott et al.'s (2011) limitations are noted in the lack of longitudinal data to clarify whether motivational enhancement participation led to reduced offending. However, evidence for the effectiveness of MI is increasing with meta-analyses of outcome studies encouraging its use, both as an individual treatment and as an enhancement to other more intensive interventions (McMuran, 2009). Thus, again, while some forward movement is made, there is still not enough information to prompt a decision in one direction, or another.

### **Stages of Change**

Despite the concerns of finding an effective approach, the research appeared to trend towards alternative approaches. This may be due to lack of effectiveness and/or the lack of strong empirical results regarding more traditional approaches. Through this research and following the stage of change model, it can be considered that interventions which emphasize moving from pre-contemplation to contemplation will most likely contribute to eventual action, such as with MI (Hellman et al., 2010). Further, offenders in BIPs may understand they have hurt someone, but also may believe they will not do it again (Hellman et al., 2010). Thus, they may not consider their actions as an indication

they need to change their behaviors (substance use, verbal abuse), attitudes (belief women are inferior), and thoughts (false assumptions about partner) (Hellman et al., 2010).

The stages of change are as follows: a) Pre-contemplation - not thinking about stopping the behavior, b) Contemplation - weighs the pros and cons about stopping the behavior, c) Preparation – has tried to stop the behavior and plans to stop, d) Action – has stopped the behavior for between 0 and 6 months, and e) Maintenance – has stopped the behavior for more than 6 months (West, 2005). There are different variations to this concept, but the above is mostly accepted and used. Self-confidence is also involved in the ability to make changes (Hellman et al., 2010).

Another important contributor to this modality was the research by Levesque, Driskell, Prochaska, & Prochaska (2008) who also disagreed with the standardized “one-size-fits-all” methodology and developed a stage of change model to assess readiness for change, decisional balance, and self-efficacy. The result was the ability to provide immediate, individualized feedback congruent to the offenders’ current stage of change with the goal to increase readiness to stop violent behavior (Levesque et al., 2008). They acknowledged this model of behavior change as way to explain and facilitate the change process across a broad range of behaviors by integrating different theoretical constructs central to change: stages of change, decisional balance (Janis & Mann, 1977), self-efficacy (Bandura, 1977), and processes of change (Prochaska, Velicer, DiClemente, & Fava, 1988) (Levesque, 2008).

Using a stage of change model is another option to address the problem of IPV in hope for better outcomes. Eckhardt and Utschig (2007) utilized the University of Rhode Island Change Assessment for Domestic Violence (URICA-DV; Levesque et al. 2000) and the Safe at Home Inventory (SAH; Begun et al. 2003) to measure the construct of motivation to change among offenders ( $N = 199$ ) waiting to begin court-mandated BIPs. Despite the scales showing adequate internal consistency, confirmatory factor analyses found the instruments did not fit the data well (Eckhardt & Utschig, 2007). It was concluded that before the stages of change construct can be fully applied to IPV, more research and evaluation are needed in order to accurately assess offender readiness to change (Eckhardt & Utschig, 2007). Thus leaving another potential option needing more research before it can be utilized.

However, Levesque et al. (2008) found responses to their stage of change intervention taken from the transtheoretical model as positive, as 87% of participants reported the program was easy to use, and 98% said it could be helpful to them in changing their attitudes or behaviors. Such findings are encouraging of Levesque et al.'s (2008) stage-matched approach to intervention for IPV offenders, which is the same model used to help smokers quit and others make behavioral changes.

Both Scott et al. (2011) and Crane and Eckhardt (2013) noted stages of change as a possible way to increase treatment compliance and motivation. This is seconded by Alexander, Morris, Tracy and Frye (2010) with their study on stages-of-change motivational interviewing (SOCMI) treatment approach, which they compared to a standard CBT gender reeducation (CBTGR) approach in offenders ( $N = 528$ ) who were



randomly assigned to 49 26-week groups in either condition. They wanted to compare the efficacy of a BIP curriculum constructed with the stages of change model and MI with a standard treatment curriculum based on CBT and Duluth-model premises (Alexander et al., 2010). Thus, the study seemed to compare the traditional approaches with more current and alternative ideology.

The SOCMI curriculum showed a significant decrease in partners' reports of physical aggression, but not to changes in offenders' self-reported aggression (Alexander et al., 2010). This could be due to offenders learning to manage their behaviors before learning to change their beliefs. It is important to note offenders initially less ready to change, showed increased benefit from the SOCMI approach, while offenders more ready to change, showed increased benefit from the CBTGR approach. This study provided further evidence of the importance of modifying offender interventions to their readiness to change (Alexander et al., 2010).

Additional research results were also encouraging. Significantly fewer partners of men assigned to the SOCMI treatment condition as opposed to the CBTGR condition reported experiencing physical aggression at follow-up (Alexander et al., 2010). Because reports of physical aggression continued to decrease, it is suggested the reported changes in behavior were not only due to the monitoring of behavior that occurs during program attendance (Alexander et al., 2010). However, the two treatment conditions that did not differ regarding partner follow-up were reports of psychological aggression. The continuing occurrence of psychological aggression is another concerning and persistent issue with this population, and unfortunately the result is typical in batterer treatment

outcome studies (Alexander et al., 2010). Limitations of this study include the low number of follow-up responses (less than 25%) and uncertainty of adhering to the model due to lack of recorded sessions (Alexander et al., 2010). Still, what was gained from this study is the justification for obtaining more information about the potential importance of responding to the individual needs of offenders in BIPs in a way to challenged them without appearing confrontational (Alexander et al., 2010) or shaming. This was found especially for men initially less motivated to change their abusive behavior (Alexander et al., 2010).

Continuing the efforts with utilizing the stages of change with BIPs was Hellman et al. (2010) when they employed the transtheoretical model of change which predicted matching interventions with a person's readiness to change should improve treatment outcomes. Using a cross-sectional correlational study, they examined characteristics (anger/hostility, readiness to change, manipulative parenting, and self-esteem), which affected self-reported readiness to change abusive behavior in a 52-week BIP ( $N = 109$ ) (Hellman et al., 2010). Through this study, an important addition was made to the literature with the finding that contemplating the impact of abuse had the most effect on taking action to stop violence per self-report. Physical aggression and manipulative parenting also showed significance regarding making self-reported efforts to stop violence (Hellman et al., 2010). While this study offered what to focus on, such as increasing interventions to facilitate deeper contemplation, it also identified what does not need to be focused on. The results of this study provided minimal support that interventions targeting offenders' self-esteem may be beneficial. However, the results did

suggest interventions focused on moving clients into the contemplation stage of change, while reducing physical aggression and manipulative parenting styles, may increase the likelihood offenders will be ready to make efforts to stop violence (Hellman et al., 2010).

### **Restorative Justice**

Possibly due to this discouraging trend, there is research moving away from BIPs to other types of programming in attempt to provide a different approach and a better solution. Mills, Baracos, and Ariel (2013) compared Circles of Peace (CP), a restorative justice-based treatment program for IPV offenders in Southern Arizona, with a local BIP using IPV cases ( $N = 152$ ) randomly assigned to either BIP or CP. Treatment outcomes were measured by post-random assignment, in terms of both IPV and non-IPV re-arrest rates during four follow-up periods (6, 12, 18, and 24 months) (Mills et al., 2013). This study design shares some similarities with the present study. Although CP participants experienced less recidivism than BIP during all follow-up comparisons, the only statistically significant differences were detected for the six-month and the 12-month follow-up comparisons for non-IPV re-arrests, and no statistically significant differences were detected for IPV re-arrests (Mills et al., 2013).

### **Multi-System Intervention**

Moving away from battling interventions, Coulter and Vandeweerd (2009) tried a different approach by evaluating the use of a multi-level system intervention based on offender assessment and found that such intervention resulted in decreased risk of re-arrests for both IPV and other crimes. Using a collaborative three-level community and theory-based treatment program, offenders were screened with a variety of questions

including demographics, family history, violence, and substance use (Coulter & Vandeweerd, 2009). Based on the results of the screening, a recommendation was made for the appropriate level of treatment intervention, with levels two or three needing additional services, such as substance abuse treatment (Coulter & Vandeweerd, 2009). A level three assignment meant the offender needed to undergo further comprehensive psychological, psychosocial, and/or medical evaluations prior to commencement of IPV treatment. The length of the program was also determined from the screening and level assignment (Level 1: 8 to 12 weeks psycho-educational program, level 2: 26-week psycho-educational program using the Duluth and Emerge curriculum, and level 3: 26 weeks to 1 year) (Coulter & Vandeweerd, 2009). For offenders assigned to level three, in addition to the psycho-educational models, they were also provided with treatment tailored to their individual needs, including psychological and psychiatric treatment to address issues, such as affective or behavioral disturbances, psychotropic medication management, or chemical dependence (Coulter & Vandeweerd, 2009).

Data was analyzed from 1995 to 2004, including initial arrest, program placement information, and re-arrest rates for offenders ( $N = 17,999$ ) (Coulter & Vandeweerd, 2009). Recidivism rates were significantly lower for offenders who completed the programs compared to those who did not, and re-arrest rates were also significantly lower compared to rates commonly found in the literature (Coulter & Vandeweerd, 2009). Although this study took place in Florida, there are similarities to the present study in that they utilized data analysis and a network of critical individuals, including victim advocates and an advisory group of batterer intervention providers. Unlike the present

study, Coulter and Vandeweerd (2009) also utilized the district attorney's office and a consultant from the University of South Florida.

Dalton (2007) also identified the importance of matching clients to different treatment tracks. If offender has to attend treatment longer due to a repeated offense, he may just have increased sessions of the same curricula, which may also be more of what did not work the first time. While the alternate treatment tracks tend to be longer than the average program, and longer programs tend to have higher attrition (Dalton, 2007), multilevel programs were found to be more effective when examining offender dropout and re-arrest rates (Coulter & Vanderweerd, 2009).

Gondolf (2004) also shifted his focus from curriculum or treatment diversification toward program structure and system coordination and ascertained more efforts could be made to monitor and contain offenders during the first few months after program intake, when they are most likely to first re-assault. To help address this and similar to intensive outpatient treatment for substance abuse, men could be required to attend multiple times per week with longer sessions, rather than the usual weekly session. Men who have re-assaulted, or severely assaulted their partners, could also be appropriate for this type of treatment (Gondolf, 2004).

## **Summary**

To summarize, there have been different approaches in attempt to find the right formula to effectively treat IPV offenders. Through the years, different theories have been tried (anger management, couples groups, attachment theory); however, what has remained as recommended is a structured psycho-educational or cognitive-behavioral

approach focusing on the perpetrator of IPV and challenging his behaviors and belief systems. Despite some agreement on the approach of choice, there still is concern about the effectiveness of any program. The complexity of IPV is increased by having different approaches, but none with solid empirical evidence, as well as additional concerns of substance use and attrition. Also, from these approaches, other models and curricula have been developed; however, the trend of lacking evidence-based research despite implementation continues.

A number of studies referenced in this literature review show varying results. This is due to the history of research on this topic producing such discrepancies, possibly due to varying standards, as well as problems with the studies. Despite some studies referenced with positive results, there has also been a strong debate about the effectiveness of the predominant batterer programming since its beginning in the late 1970s (Feder & Wilson, 2005). This is substantiated by experimental evaluations showing little or no effect from treatment compared to no treatment (Babcock et al., 2004; Arias, Arce, & Vilarino, 2013). Studies also often consisted of unreliable experimental results, as well as other methodological problems. This section reviewed the predominant treatment approaches to IPV, some more traditional and established than others.

### **Additional Program Evaluation of Domestic Violence Offender Treatment**

Some research on IPV did not fit into a particular modality. This section will review such additional information including general information on IPV treatment

program evaluation, information on the history of such research, meta-analyses, and information on recidivism.

The history of research published on BIP effectiveness includes the first generation which did not use comparison groups, the second generation identified by their move to quasi-experimental evaluations, and the third generation which utilized randomized intervention and control groups (Aguirre et al., 2011). All summarized zero to moderate effectiveness of most BIPs depending on evaluation methods including sample, research design, and/or analyses. Despite these problems, the larger issue is the small impact treatment has on offenders. Babcock et al. (2004) only used studies with a control group and found that regardless of reporting method, study design, or type of treatment, the effect on recidivism rates remains small at 5%. Although a 5% decrease in violence may appear insignificant, considering all reported cases of IPV in the United States, this would mean approximately 42,000 fewer victims per year (Babcock et al., 2004).

Thus, the debate continues regarding program effectiveness. The movement towards evidenced-based practices has increased the focus on BIPs (Gondolf, 2011). Batterer program critics cite experiments (Babcock, Canady, Graham, & Schart, 2007; Corvo, Dutton, & Chen, 2008; Dutton & Corvo, 2006; Hamel, 2010) showing little to no effect to criticize the gender-based, cognitive-behavioral approach and seek alternatives (Gondolf, 2011). However, Gondolf (2011) reported proponents of the gender-based cognitive-behavioral programs identify implementation difficulties and conceptual concerns which compromise these experiments. He also noted the presence of at least a

moderate effect and the need for increased follow-up with offenders who are not compliant.

### **Intimate Partner Violence Responsibility Attribution Scale**

Lila, Oliver, Catalá-Miñana, Galiana, and Gracia (2014) found some hope through assessing IPV offenders' responsibility attributions using the Intimate Partner Violence Responsibility Attribution Scale (IPVRAS). The scale was administered to adult male IPV offenders ( $N = 423$ ) court-mandated to a community-based intervention program to assess how they attributed their responsibility to the legal system, to the victim, and to himself. The results supported the validity and reliability of the scale, and also supported the core issues being addressed in IPV offender treatment, as well as the trend of needing to assess offenders as not all can benefit from the same types of intervention (Lila et al., 2014).

### **Meta-analyses**

Meta-analyses also show the ineffectiveness or small effect size of BIPs. Meta-analyses of IPV offender treatment programs found more evidence of marginal effectiveness (Tollefson et al., 2009). According to Tollefson et al. (2009), between 50% and 75% of offenders enrolled in these treatment programs failed to complete them, and those who did complete, did not do considerably better than those who dropped out, or did not attend at all.

Another meta-analytic review of 22 studies evaluating IPV treatment efficacy and the impact of the Duluth Model, CBT, and other types of treatment on recidivism, found treatment approach had a small influence on effect size, but no differences in effect sizes



when comparing the Duluth Model vs. CBT-type interventions (Babcock et al., 2004). Babcock et al. (2004) provided information about the effectiveness of IPV intervention from a number of studies (Babcock & LaTaillade, 2000; Davis & Taylor, 1999; Levesque & Gelles, 1998) and summarized what was previously known about the short- and long-term effects of treatment as “not much” (p. 1025). This was attributed to the methodological problems of the existing research.

### **Recidivism**

Through the years, there have been many studies indicating the need for effective treatment and a change in current treatment approaches (Babcock et al., 2004). Identification of the predictive factors of recidivism may be an important contribution. Using logistic regression, Tollefson and Gross (2006) identified four factors predictive of recidivism, including psychopathology/personality disorders, psychiatric history, substance abuse, and child abuse in family of origin. From these factors, they were able to predict 84% of all outcomes, 97% of abstainers, and 28% reoffenders (Tollefson & Gross, 2006). Kindness et al. (2009) identified significant predictors of recidivism as having two or more court reports for noncompliance with IPV treatment, two or more warrants issued for noncompliance, and two or more law enforcement reports of new criminal activity, which were the strongest predictor of recidivism.

Not much has changed from the results of earlier studies according to Stover, Meadows and Kaufman (2009) who also surveyed IPV treatment studies ( $N = 85$ ) with randomized case assignment and at least 20 participants. These were separated according to primary treatment focus: perpetrator ( $N = 30$ ), victim ( $N = 18$ ), couples ( $N = 18$ ), or

child-witness ( $N = 19$ ) interventions (Meadows & Kaufman, 2009). The results suggested that current interventions have limited effect on reoffending, with most yielding minimal benefit above only arrest. Rates of recidivism in most offender- and partner-focused treatments were approximately 30% within 6 months, regardless of intervention (Meadows & Kaufman, 2009). In 2008, more than 35 program effectiveness studies existed, but few with rigorous designs that could lead to firm conclusions (Stover et al., 2009).

Gondolf (2004) also identified positive results in conducting a multisite evaluation. He found the majority of offenders referred to BIPs appeared to stop their assaultive behavior and reduce their abuse. He attributed this to a program effect and identified gender-based, cognitive-behavioral programs as appropriate for the majority of offenders. The longitudinal four-year follow-up evaluation in four cities offered evidence of at least a moderate program effect with a decrease of re-assault and other abuse (Gondolf, 2004). The majority of offenders kept from reoffending and about 20% continuously re-assaulted (Gondolf, 2004).

Labriola, Rempel, and Davis (2008) randomly assigned offenders ( $N = 420$ ) to one of the following conditions: a) BIP plus monthly judicial monitoring, b) BIP plus graduated monitoring, c) monthly monitoring only, and d) graduated monitoring only. A comparison condition was also used consisting of abusers with neither monitoring nor treatment. 25% of the victims were contacted a year after sentencing (Labriola et al., 2008). Labriola et al. (2008) found no differences in re-arrest or victim reports of assaults between the treatment and monitoring groups, in re-arrest or victim reports between the

two types of monitoring, and between the monitored group and the non-monitored comparison group. They did find that younger men and those without a strong reason to conform were more likely to be rearrested (Labriola et al., 2008). This could be attributed to relationships, employment, and/or education, which again relates to EST.

### **Summary**

Even through broader program evaluation of IPV treatment and meta-analyses, the trend continues of research lacking a clear direction of what works for this population. Some research shows a small positive effect of IPV intervention, while other research maintains no effect. What does seem apparent is that research on this matter is improving regarding study design, albeit slowly and somewhat minimally. Through program evaluation, meta-analyses, and research on recidivism, the studies still do not provide convincing results regarding treatment effectiveness (Labriola et al., 2008) and they have methodological issues (Stover et al., 2009).

### **Other Considerations**

With all the different approaches and treatment models, it can be difficult to choose an intervention. This can be especially difficult since currently there is not a specific identified modality for working with this population as no research proves clear, consistent, superior effectiveness for one intervention type (Dutton & Corvo, 2006; Pender, 2012). Some issues that can make this task more difficult also need to be considered. They will be covered in this section and include pathology/typology, substance abuse, attrition, length of program, culture, LGBTQ, facilitator characteristics, victims' perspectives, and mutual violence/female aggressors.

**Pathology/Typology**

Continuing to add more complexity to an already complicated issue, studies have proposed that offenders can be classified into distinct groups according to psychopathology, violence severity and frequency (Cunha & Goncalves, 2013). Cunha and Goncalves (2013) conducted such a study with males sentenced for IPV (N = 187) and used cluster analysis to find 40% non-pathological, 27 % antisocial/violent, and 33% disturbed batterers. Antisocial/violent batterers were identified through their physical and psychological violence, antisocial behavior, deviant lifestyle, criminal records, inter-parental violence and drug abuse; disturbed offenders, were identified through their psychological violence, physical aggression and hostility, clinical symptomatology (somatization, depression, anxiety, paranoid ideation), criminal records, antisocial behavior, and deviant lifestyle; and non-pathological offenders were not profiled through any of the variables related to criminality and recidivism (Cunha & Goncalves, 2013).

Cunha and Goncalves' (2013) findings support the heterogeneity among men who perpetrate IPV which is reinforced by other studies (Fowler & Westen, 2011; Stoops et al., 2010; Thijssen & de Ruiter, 2011; Walsh et al., 2010). The antisocial/violent group of offenders exhibited high scores of antisocial features and high levels of physical and psychological IPV (Cunha & Goncalves, 2013). This subgroup also had psychopathic traits, characterized by manipulation, lack of empathy in interpersonal relationships, and lack of guilt, which could contribute to more violence against their partners (Cunha & Goncalves, 2013). This group also reported more drug abuse, a

problem with this population that has already been established and highly associated to violence (Caetano, Vaeth, & Ramisetty-Mikler, 2008).

The disturbed offenders identified psychological distress connected with persistent perpetration of violence towards their partner, physical aggression and hostility and were associated with a deviant lifestyle and antisocial behavior, suggesting the violence is a response to situations causing anxiety or as an inadequate problem-solving strategy called anger aggression or expressive violence (Cunha & Goncalves, 2013). They also found the non-pathological group reported less acts of violence. Although they were still violent, when outside their homes, they conducted themselves in socially acceptable ways. This group did not have antisocial traits (Cunha & Goncalves, 2013).

Thus, this study shows there are different types of offenders with different levels of violence. Due to this heterogeneity, treatment programs should adapt to the type of offender, as well as his needs and deficits (Cunha & Goncalves, 2013). Thus, a rigorous assessment of each offender is important in order to identify all that needs to be addressed, and then adapt the intervention to such (Cunha & Goncalves, 2013). An offender would be better served if the intervention focused on his individual needs and risk level (Cunha & Goncalves, 2013). This identification of offender typologies could lead to better assessment, better intervention and thus, better protection for victims.

Gibbons, Collins and Reid (2011) used the Millon Clinical Multiaxial Inventory–III to explore the severity and diversity of male perpetrator personality pathology in a group of IPV offenders ( $N = 177$ ). 54% of profiles indicated a personality disorder and 37% indicated severe personality pathology. There was considerable diversity of

personality pathology as well, supporting the assertion that there is not one offender profile for IPV (Gibbons et al., 2011).

Mauricio, Tein and Lopez (2007) researched the impact of borderline and antisocial personality disorders on domestic violence by examining offenders in BIPs ( $N = 152$ ) and focused on adult attachment orientations (anxious and avoidant), personality disorders (borderline and antisocial), type of violence (psychological and physical), and social desirability. They determined personality disorders fully mediated the relationship between avoidant attachment and physical and psychological violence, while only partially mediated the relationship between anxious attachment and psychological violence (Mauricio et al., 2007). Thus, after controlling for the offender's personality disorder, avoidant attachment does not directly affect physical or psychological violence, whereas anxious attachment directly affects psychological violence, but not physical violence (Mauricio et al., 2007).

Kivisto, Kivisto, Moore, and Rhatigan (2011) also contributed to the studies on subtypes of men who perpetrate IPV, and who have also been found to externalize their emotions, including shame and guilt, which contribute to IPV perpetration. They examined men ( $N = 423$ ) and the role of shame and guilt in the association between antisocial behaviors and IPV perpetration (i.e., psychological, physical, and sexual) and found shame moderated the association between antisocial behaviors and IPV in that as shame increased, the associations between antisocial behaviors and all three types of IPV perpetration increased (Kivisto et al., 2011). These results are important considering the

study by Cunha and Goncalves (2013) and the needed assessment in order to address the offender's individual issues for more effective intervention.

Conversely, Gondolf (2009) completed a quasi-experimental study regarding whether mandatory referrals to additional mental health treatment would improve offender program outcomes. He found no significant difference regarding program completion or re-assault during the 12-month follow-up. This brings the research back to where it started regarding questioning its effectiveness regardless of what is tried. Due to the amount of published studies regarding IPV, the studies' content, and the number of studies who cite his work, Gondolf appears to be a leading researcher on the issue of IPV.

### **Substance Abuse and Domestic Violence**

To add even more complexity and controversy to an already multifaceted and contentious topic, the role of substance abuse must be considered. Substance use disorders and IPV are interrelated, major public health problems (Timko et al., 2012). Of men entering substance use disorder treatment programs (SUDPs), approximately 60% have perpetrated IPV and of clients in BIPs, similar proportions have substance use disorders (Timko et al., 2012). While alcohol and violence have been associated for many years (Galvini, 2004), it is not clear if the relationship between substance abuse to IPV is direct (Dalton, 2009). There are at least three major causal theories linking alcohol and IPV many agree upon: a) offenders who drink alcohol abuse family members when intoxicated because intoxication may be an excuse from responsibility by society and perhaps by the victim, b) alcohol lessens inhibitions, including towards aggressiveness, and c) men learned through societal, cultural or familial norms that violence and alcohol

are symbiotic (Field, Caetano, & Nelson, 2004; Galvani, 2004; Logan, Walker, Jordan, & Leukefeld, 2006). However, others (Humphreys, Regan, River, & Thiara, 2005) contradicted such theories and suggested the relationship between substance abuse and IPV may be false, and maintained both are caused by the need for control or societal expectations. This assumption, and the above theories, can be related back to EST due to the reciprocal relationships within and between the different layers of one's environment, and how he may be impacted.

Thus, the link between alcohol use/abuse and IPV has yielded conflicting results. Some studies reported a null or weak association between alcohol use and IPV, whereas others noted a moderate or large association (Foran & O'Leary, 2008). Foran and O'Leary (2008) conducted a meta-analysis and found a small to moderate effect size for the association between alcohol use/abuse and male-to-female partner violence. Several moderators were also examined and the magnitude of the effect sizes varied significantly depending on the type of sample and type of alcohol selected (Foran & O'Leary, 2008). They also found a large proportion of IPV episodes involved alcohol consumption by either the male partner, the female partner, or both. Notably, the relationship between alcohol and IPV may differ depending on the person's characteristics and the circumstances under which the intoxication occurs (Foran & O'Leary, 2008).

Another perspective is while SA and IPV are both are major issues, treating them together can cause problems. For example, substance abuse disorder treatment programs (SUDPs) would not address the co-occurring IPV perpetration in a structured and complete way, which would be needed (Timko et al., 2012). While SUDPs sometimes



provided IPV services, it was not the program's focus, staff lacked adequate training, and there was not reimbursement. Timko et al. (2012) identified few SUDPs with a policy requiring assessment of potential clients, or monitoring of admitted clients, for IPV. Further, almost 25% did not admit potential clients who had perpetrated IPV, only 20% had a component to address violence, and one-third suspended or terminated clients engaging in violence. Timko et al. (2012) also found SUDPs had clients with fewer resources (marriage, employment, income, or housing), and more severe problems (both alcohol and drug use disorders, dual substance use and other mental health disorders, and HIV positive status). Although these programs may not have been properly equipped to formally address the issue of IPV, not doing anything, or discharging clients, is also not the answer.

Conversely, BIPs tended to address substance abuse in a more structured and complete way (Timko et al., 2012). For example, one-half of BIPs had a policy requiring assessment of potential clients, two-thirds required monitoring of substance abuse (SA) among admitted clients, and almost one-half had a component to address SA. It can be concluded from this study that services were not centralized for individuals with both SA and violence problems, even though most SUDP and BIP directors agreed that treatment for both issues should be obtained concurrently in separate programs (Timko et al., 2012). This raises the issues of these men being able to afford both services, especially at the same time, and how to logistically attend both without creating more negative stressors in the family while trying to balance employment and other responsibilities.

Bennett and Thomas (2009) found the co-occurrence of SA and IPV in about 50% of the men seen in either SA treatment or BIPs. Because there are so many men with both issues of SA and IPV, they maintained screening for such dual-problems should occur in any setting serving either population. Their sample included men enrolled in a publicly-funded SA treatment center who self-reported IPV ( $N = 49$ ) and men adjudicated for IPV ( $N = 84$ ) who met eligibility criteria for substance abuse (Bennett & Thomas, 2009). They examined whether men with IPV issues who are in an SA setting differ from those in an IPV setting with SA issues. Few differences were found regarding violence or amount of substances used, but higher levels of impairment were found in substance-abusing men because of their addiction (Thomas & Bennett, 2009). Of concern is that both samples shared the same level of violence against their female partners, although only one group had been adjudicated for such. The results may be a function of seeking help for substance abuse viewed as more acceptable than help for IPV. It may also be a function of motivation and the stages of change, as well as societal and cultural norms which, again, relates back to EST.

Easton et al. (2007) evaluated the efficacy of a twelve-session CBT group for alcohol-dependent males arrested for IPV ( $N = 78$ ) who were randomly assigned to either a Cognitive Behavioral Substance Abuse Domestic Violence (SADV) group or a Twelve-Step Facilitation (TSF) group. The group assigned to SADV reported using alcohol significantly fewer days compared to the TSF group (Easton et al., 2007). Participants in the SADV group decreased frequency of violence compared to individuals in the TSF

group, which suggested the potential of the SADV group therapy for co-occurring issues (Easton et al., 2007).

Further, Gondolf (2004) found the only significant re-assault predictors were severe psychological problems, previous severe abuse, and offenders who identified as drunk. Offenders with these predictors were four times more likely to re-assault. Gondolf (2004) also found a weak association between alcohol treatment and a reduction in re-assault, which weakly supports the association of alcohol abuse and IPV. However, the drunkenness appears to be more of a lifestyle issue, rather than a direct cause (Gondolf, 2004). Thus, more definitive research needs to be conducted on the exact impact of substance use, especially alcohol, on IPV offenses and re-assaults.

In a study focused on BIP directors' opinions on the subject, since their perspectives impact programming, Dalton (2009) conducted a survey as to whether the responding program directors ( $N = 149$ ) screened their clients for SA. The results were 84% screened for SA and 16% did not. Notably, 31.9% of clients were reported to be referred for SA treatment. Bennett (2008) made several important conclusions regarding IPV and SA. In his study ( $N = 840$ ), 56% of men scored in the range of alcoholic tendencies on the Michigan Alcohol Screening Test, and he found addiction treatment alone reduces the risk for future IPV in a subset of offenders. Bennett (2008) also concluded screening and assessment for SA by all participants in a BIP should be standard practice and needs to occur more often, not just during the initial intake. Lastly, he concluded coordinated and integrated SA treatment and BIPs probably offer more safety than traditional SA treatment followed by IPV treatment (Bennett, 2008).

Despite the extent of the issue, few studies have provided evidence of factors that might moderate the relationship (Klostermann & Fals-Stewart, 2006). Alcohol consumption has been found to be associated with IPV only among hostile couples, couples who had high verbally aggressive conflict styles, or where there is already marital conflict. Findings also indicated alcohol abuse was associated with violent recidivism among non-psychopaths, but not among psychopaths (Klostermann & Fals-Stewart, 2006). Again, it appears more research is needed to identify a definitive approach to offenders with substance abuse issues.

### **Attrition**

Another issue that impacts outcomes is attrition. According to Carney, Buttell, and Muldoon's (2006), BIPs experienced some success, with most men (60% to 80%) who completed treatment no longer being physically abusive towards their partner at the conclusion of the program. Unfortunately, the study had significant methodological limitations that decreased the confidence placed in this single-site, program evaluation data (Carney et al., 2006). The most predominant and troubling aspect was how many men referred to the program failed to complete, with estimates between 40% and 60%. Men who fail to complete treatment may be at increased risk of engaging in IPV, which prompted the study by Carney et al. (2006).

Carney et al. (2006) attempted to identify characteristics of offenders at risk of dropping out of treatment and focused on demographic and psychological variables, being court-mandated into treatment, or some combination of the two. Unfortunately, they continued with the historical pattern of research in this field, and found that few

psychological and demographic differences existed between offenders who completed treatment and those who did not (Carney et al., 2006). However, their analysis did identify offenders who did not complete were more likely unmarried and were more likely to have used sexual coercion (Carney et al., 2006). Age, employment status, educational level, alcohol use, income, previous criminal history, and relationship status have also been identified as predictors. Tollefson, Gross, and Lundahl (2008) used bivariate analyses to identify 10 factors associated with program attrition, and through logistic regression found employment status, psychiatric disorder type, and probation status as significant predictors of attrition.

Catlett, Toews, and Walilko (2010) used qualitative and quantitative data to evaluate the meaning offenders ( $N = 154$ ) attached to their violence toward their partners, and examined if and how these meanings and constructions of violence predicted who would and would not complete the program. The qualitative findings indicated the men who minimized and denied responsibility for their violence, also rationalized and justified their behavior, which gave insight into how these constructs could predict their tendency to stop attending offender treatment (Catlett et al., 2010). The qualitative findings indicated the men who had a lower income, were no longer in a relationship with the women they abused, and who reported lower levels of physical violence, but higher levels of hostility were more likely to stop attending the program (Catlett et al., 2010).

Similar to the results of other studies, Olver, Stockdale, and Wormith (2011) conducted a comprehensive quantitative meta-analysis ( $N = 114$ ) to identify predictors of offender treatment attrition and examine its relationship to recidivism. They found the

attrition rate of 37.8%, which increased when preprogram attrition was considered. They also found significant predictors including demographic characteristics, criminal history, personality variables (antisocial personality), psychological concerns (intelligence), risk assessment measures, and treatment-related attitudes and behaviors (motivation) (Olver et al., 2011). Thus, offenders who did not complete treatment were higher risk offenders and attrition significantly predicted recidivism (Olver et al., 2011).

Findings from these studies suggest more violent batterers are not completing treatment at a greater rate than less violent batterers (Carney et al., 2006). Offenders who could benefit the most from treatment (i.e., high-risk, high-needs) are the least likely to complete it (Olver et al., 2011). Findings continue to support the trend that there is no “one size fits all” model to offender treatment, or their attrition (Carney et al., 2006, p. 50). However, findings also suggest that such offenders could be identified during assessment to help facilitators focus on their retention (Carney et al., 2006). Thus, attrition can be managed and clients can be retained through increased awareness (Olver et al., 2011). This supports premise that programs should work collaboratively to help identify specific types of offenders and make additional efforts to help prevent them from not completing treatment.

### **Standards**

Another issue, especially given the extent of the problem, is the lack of standards. There are no specific national training standards for those who provide interventions and services to families impacted by IPV, or in any other category related to IPV (Stover & Lent, 2014). The systems that currently provide segregated or limited cross-training

between BIPs and victim advocates are creating less effective services (Stover & Lent, 2014). The issue of lacking standards must be addressed in order to raise the level of expertise for those attempting to intervene with this complex, challenging, and potentially life-threatening issue. Despite these concerns, treatment remains a popular response to the concerning issue of IPV.

The need for standards is exemplified by the amount of growth of such treatment programs without consistent monitoring. In 1975, there were two specialized BIPs, about 80 in 1981, and 2,131 in 2009 (Dalton, 2009). However, there is no nationwide registry of BIPs, so the actual number is unknown, and estimates are more likely to include certified programs due to being catalogued by the states (Price & Rosenbaum, 2009). Programs which do not comply with state standards are more difficult to identify. A recent survey of training requirements for providers across different states yielded variable results and few consistencies regarding instruction and knowledge (Stover & Lent, 2014). Stover and Lent (2014) found typically those working in victim services or BIPs are trained in two key areas - the cycle of IPV and the issues of power and control. Beyond this, the lack of national standards creates differences in training methods, length, required supervised experience, and educational certifications. This may also create differences in effectiveness. Day, Carson, and Saebel (2010) identified inconsistency among a number of different agencies awarded contracts to deliver programs regarding logistics and service delivery.

However, some positive changes have been made regarding standards. Mauiro and Eberle (2008) surveyed and analyzed existing standards for offenders focusing on

certification, assessment, treatment length, theoretical or conceptual orientation, treatment content, treatment modalities, methods for revising standards, and minimum education and training requirements for providers. They found increased use of varied models for treatment, assessment, including danger/lethality assessment to manage risk, program evaluation and supportive research, and the requirement of a minimum level of formal education as a prerequisite for providers (Mauiro & Eberle, 2008).

Unfortunately, Dutton (2006) identified Arizona's standards for court-mandated IPV offender treatment as "seriously deficient" (p.19). (See Appendix A). He maintained the importance of getting more information about what is really going on in the home (victims' reports) and see if clients' reports are consistent with this. In order to reduce IPV, there needs to be assurance states are offering the most effective intervention approaches. As such, more is needed beyond the customary victim support networks and overloaded court system (Mauiro & Eberle, 2008). This includes qualified specialized treatment providers directly involved with assessment, monitoring, and intervention with the offender, as well as the recognition that this population requires training and experience (Mauiro & Eberle, 2008). Also needed are interdisciplinary contacts, such as a more coordinated community systems approach to intervention, which can also help with quality control (Mauiro & Eberle, 2008). This is also the premise of this study.

When Dalton (2007) reviewed programs with specific tracks, including anger management groups, individual counseling, religion or ethnicity-based groups, and groups based on sexual preference, he found none of these programs were applying interventions based on the literature. It is important to note that not using empirical



evidence in IPV offender treatment and not being able to effectively decrease attrition rates are issues in many studies and in many BIPs (Dalton, 2007). The lack of standards, or being upheld consistently, may be a factor to poor treatment outcomes. This also may impact the research results on effective programming, and thus, contribute to recidivism. Due to the differing perspectives on the different approaches and lack of empirical evidence offering a clear direction, the development of standards in providing IPV offender treatment has also been stunted (Gibbons et al., 2011).

### **Facilitator Characteristics**

Another consideration to program effectiveness is the facilitators. According to Price and Rosenbaum's (2009) survey of BIPs ( $N = 276$ ) training and credentials of IPV offender group facilitators is relatively unknown. When BIPs first began to expand in the 1980s, it was not uncommon to find programs with facilitators having less than a bachelor's degree and/or leaders lacking specialized training in batterer intervention (Price & Rosenbaum, 2009). Depending on program curricula, facilitator education requirements also differ. Some programs emphasize peers' roles where senior participants take on a leadership role, whereas other programs require a trained therapist to lead the program (Price & Rosenbaum, 2009). Possibly due to the pressure programs and communities receive regarding effectiveness, state standards have increased the minimum requirements of education for group facilitators, with 40% now requiring at least a bachelor's degree in a human services field along with additional training in IPV (Price & Rosenbaum, 2009).

Despite some standards, Price and Rosenbaum (2009) found great variability regarding the education and training of group leaders, even within the same program with most programs (71%) reported having at least one staff member with a master's degree, 42% of programs reported having at least one staff member with a master's degree in social work, and 27% reported having at least one staff member with a Ph.D. or Psy.D., whereas only 2% reported having at least one staff member with an M.D. Thirteen percent of programs reported they had at least one staff member who was a reformed offender. This is allowed in some states and there are varying requirements they must meet (Price & Rosenbaum, 2009). Programs also differ in terms of how many facilitators run each group and whether there are specific facilitator requirements, such as male–female co-leaders based on the belief that attitudes toward women are more likely to surface in the presence of a woman while also modeling equal relationships (Price & Rosenbaum, 2009).

### **Length**

Another consideration is the length of the treatment. According to Maxwell, Davis, and Taylor (2010), randomized clinical trials have been used for decades in criminal justice research to assess the benefits of interventions. Such trials have also been used to evaluate BIPs, including five between 1990 and 2005. One of the five studies detected a positive effect of a BIP on IPV re-offending; however, further review of the data identified several complicating factors (Maxwell et al., 2010). Thus, Maxwell, et al. (2010), reanalyzed the data and focused on whether BIPs temporarily suppress IPV while offenders are under court surveillance, or whether the program effectively initiates and

supports lasting changes in offender behavior. They continued to acknowledge a reduction in the number of re-offenses across a 15-month period due to treatment assignment, but found the effect of attending treatment does not likely persist beyond the treatment period (Maxwell et al., 2010). Due to this, they concluded their outcome is more consistent with a result from suppression or supervision, but not from a therapeutic intervention (Maxwell et al., 2010).

### **Culture**

It is also important to review the impact culture could have on outcomes. Gondolf (2005) conducted a culturally-focused study with arrested African American men ( $N = 501$ ) who were randomly assigned to either culturally-focused counseling in all-African American groups, conventional counseling in all-African American groups, or conventional counseling in racially mixed groups and found no effect on outcome. During the 12-month follow-up, 66% of the offender's partners were interviewed about re-assault and other behaviors every three months after intake (Gondolf, 2005). Again, he found no significant difference between the types of group and the re-assault rates reported by their partners, which was 23% overall. Notably, offenders in the racially-mixed groups were less likely to be rearrested for IPV than offenders in the culturally-focused groups (Gondolf, 2005).

Reported rates of IPV can vary from one ethnic group to another. Asian American and Asian Pacific American women report a lower rate of IPV than members of other ethnic groups (Magnussen et al., 2004). Researchers who work with battered Asian American women estimate the prevalence is similar to other groups, but may be hidden in

other factors, such as the family matters being viewed as private, or not recognizing it as abuse. Denial, minimization, embarrassment, and shame, were noted in Asian American and European American victims (Magnussen et al., 2004).

## **LGBTQ**

Rates of same-sex IPV are comparable to rates of heterosexual IPV, with approximately 25% to 50% of all same-sex intimate relationships engaging in abusive behavior (Murray & Mobley, 2009). Although awareness and concern about the incidence and severity of IPV have increased, much of the literature does not address IPV between same-sex partners (Peterman & Dixon, 2011). Trevillion et al. (2012), reiterated that there is limited research on the prevalence of IPV within same-sex relationships, as well as reiterated that evidence increasingly suggests the prevalence is similar across same-sex and heterosexual relationships. Problems with sampling and definitions for same-sex IPV are magnified by the stigmatized nature of same-sex relationships which can impact how questions are answered (Baker, Buick, Kim, Moniz, & Nava, 2013).

Information is also more limited as most large IPV surveys do not ask about sexual orientation or gender of relationship partner, and there are sometimes issues with how those questions are interpreted, or identified with (Baker et al., 2013). This can be additionally complex since there can be some fluidity in people's identification of their sexual orientation (Mock & Eibach, 2012). Another limitation on research with LGBTQ individuals involves trust and access, since they may not participate in the same activities or organizations from which samples are drawn, or they may not choose to self-identify (Baker et al., 2013).

## **Victims' Perspectives**

Most of the research in this review thus far has focused on quantitative results. This is representative of most of the research found being quantitatively focused. However, Hayward, Steiner, and Sproule (2007) conducted a qualitative study based on victims' perceptions ( $N = 8$ ) of how their offender partners had benefitted from BIPs in the areas of communication, alternatives to violence, accountability, level of safety and remorse. Six of the women described changes in communication as a positive outcome of their partner's participation in offender treatment stating their communication had improved and four stated their partners showed improvement regarding expression of feelings (Hayward et al., 2007). Seven of the women stated their partners had used diversion techniques and found it to be an effective alternative to violence (Hayward et al., 2007). Although communication and violence appeared to improve for the majority, only two said their partner showed accountability for past behavior, three said their partner had shown partial accountability, and six women perceived their partner as continuing to blame them for past violence, including those who said their partner showed partial accountability (Hayward et al., 2007). Since accountability is a major focus of BIPs some implications of such results, despite its small sample size, could be that BIPs continue to be viewed as ineffective, or offenders can alter behavior and make improvements even without taking accountability, which is counterintuitive to the premise of such treatment.

This information can be further supported with the result of seven of the eight women indicating they felt safer with their partner after he had completed treatment than

they did before, and six of the seven were more comfortable in their partner's presence (Hayward et al., 2007). However, one woman said that although she felt confident he would not harm her physically, she felt he may damage property if he became angry, and another perceived her partner as still capable of hurting her physically (Hayward et al., 2007). Seven of the eight women indicated they felt their partner was remorseful, although how they identified remorse ranged, and most contradicted this when they also stated their partners continued to blame them for the abuse (Hayward et al., 2007). While all of the women reported an impact on physical violence in their relationship after their partners' participation in BIPs, emotional, verbal, and psychological abuse remained a problem (Hayward et al., 2007). The implication of this is that studies may recognize BIPs as being effective due to lack of re-arrest; however, abuse continues in the home that is not as recognizable by law enforcement, or the community.

Labriolola et al. (2008) found a 44% recidivism rate ( $N = 420$ ). Despite this high rate, they also found several positive results concerning victims' perceptions of the court. In interviews with victims linked to the offenders in this study ( $N = 106$ ), 64% were satisfied with the sentence in their case; 26% were dissatisfied, and 10% had mixed feelings (Labriolola et al., 2008). Of those who were dissatisfied, 49% expressed the sentence was not severe enough, 30% reported the defendant needed treatment, 9% felt the sentence was too severe, 9% shared the court failed to follow-up with them, and 3% reported the sentence failed to help due to the continuation of abuse (Labriolola et al., 2008). However, 77% of victims felt the sentence had increased their safety, while 9%

felt they were less safe due to court action (Labriolola et al., 2008). A contributing factor to these perceptions could be related to restraining orders, or orders of protection.

Victims play an important part and their risk perception could improve risk assessment (González-Méndez & Santana-Hernández, 2014). However, what is not clear is whether perceived risk relates to safety-related behaviors. González-Méndez and Santana-Hernández (2014) analyzed how women's perceived risk who have left a violent partner ( $N = 249$ ) related to their behaviors focused on safety and post-separation violence. They found psychological violence is positively related to perceived risk and helplessness; and while women's perception of risk predicts less contact and self-deception, male strategies predict greater contact and routines. Notably, contact predicts intimacy, and the absence of intimacy accounts for 93.3% of the prediction of no re-abuse six months later (González-Méndez & Santana-Hernández, 2014). They also found women's risk perception is positively related to post-separation violence, such as reconciliation attempts, or opportunities to commit further psychological abuse, which hinder victims' progress and increase their risk (González-Méndez & Santana-Hernández, 2014).

### **Mutual Violence and Female Aggressors**

It is important to mention another aspect of IPV, which is mutual violence and IPV with the female as the aggressor. Due to mandatory arrest laws for IPV, the number and proportion of arrests involving females have increased (Henning, Renauer, & Holdford, 2006). There is debate about this increase as most professionals argue that women arrested for DV is due to self-defense due to being victims of abuse by their

partner. However, others maintain these rates are a more accurate reflection of women committing DV (Henning et al., 2006). Henning et al. (2006) attempted to help resolve this argument with a study focused on women ( $N = 485$ ) charged with IPV and found that although they were arrested for and convicted of IPV, analyses showed few women could be considered the primary aggressor. However, not all of the women could be considered as primary victims either (Henning et al., 2006).

According to Salazar et al. (2007), it would be beneficial to have a more balanced understanding the consequences policies have on offenders and victims. For example, U.S. mandatory arrest policies had unintended consequences on victims because while male arrests increased as expected, female arrests also increased at a disproportionate rate (Hovmand & Ford, 2009). They currently represent approximately 20% of IPV-related arrests (Durose et al., 2005). However, less than 10% of women arrested for IPV are identified as the primary aggressor (Renauer & Henning, 2005). Thus, the majority of women arrested for IPV are also victims, resulting in further disempowerment, losing custody of children, and re-victimization (Miller & Meloy, 2006; Rajah, Frye, & Haviland, 2006).

Despite growing evidence showing men and women both commit IPV, most traditional interventions focus on male-to-female violence and do not address mutual violence. Wray et al. (2013) proposed this as one potential reason traditional treatments have had only a modest effect on recidivism. Hamel (2012) concurred. While accountability for abusive behavior is the primary objective of BIPs, he also reported that in order for these programs to be more effective, considerations of the complexities in the



dynamics of IPV need to be considered, including the prevalence of mutual abuse (Hamel, 2012). He also reported many individuals court-mandated to BIPs are involved in mutually-abusive relationships, with some also primarily being victims.

Wray et al. (2013) studied a pilot intervention for mutually violent couples with ethnically diverse, treatment-mandated men and women ( $N = 121$ ). Of the 92 couples referred for the 12-week, pilot group intervention, 89% of couples had one or both partners complete (Wray et al., 2013). One year after completion, they found men who completed treatment reported decreased perpetration violence and received less injury, and women who completed also reported receiving less violence. Couples who completed had the lowest and best outcomes (Wray et al., 2013).

### **Summary**

There have been different ways of studying the same issue since more notice was given to this topic in the 1980s; however, the researchers continue to get the same outcome – there is not much effect offered by IPV offender treatment regardless of how it is implemented. The ways in which studies have been conducted, and the related research difficulties, contribute to the struggle to find what works to help offenders decrease their violent behaviors.

Despite treatment programs designed to stop IPV, according to Wallach and Sela (2008), little comparative research exists, making it difficult to determine which techniques are effective. Thus, the challenge for domestic violence offenders, victims, treatment providers, and society is that even if offenders attend treatment and pursue rehabilitation, the current treatment offered is not very effective, and researching this

issue offers yet another challenge. Unfortunately, Eckhardt, Murphy, Black, & Suhr (2006) may have said it best when they stated, “To date, there are no interventions for partner violence perpetrators that approach the standard of ‘empirically valid,’ and it is debatable whether any intervention can be labeled ‘empirically supported’” (p. 373). They attributed this to the majority of existing studies lacking random assignment to treatment versus control conditions, and thus not being able to rule out alternative explanations, such as naturally occurring change in behavior over time. These pre-post-intervention designs with no control or comparison group do not offer the empirical evidence needed. They also identified preexisting differences between treatment and controls that explain results as selection artifacts and attribute effects as alternative explanations for findings. An example of this is using offenders who do not complete treatment as the control group, although these individuals are likely to differ from treatment completers in a number of important ways, including less motivation for conformity, more disorganized lifestyles, and greater antisocial features, which also may account for worse outcomes (Eckhardt et al., 2006). Regardless of the research method or the treatment modality, the recidivism rates and empirical evidence showing little to no change, indicate a need for improvement. The research also seems to show that although some studies address this issue, there has not been any clear guidance on which direction to proceed since the studies do not show effectiveness. This also seems to speak to the acceptance of what is currently offered, such as the Duluth model and CBT, because no other research has come forth proposing more effective alternatives.

This review shows as the years progressed, more alternative methods arose. However, it also appeared the same research was often repeated, with the same results, and sometimes by the same researchers. The issues with the studies and the difficulties obtaining empirical research are acknowledged. Thus, society needs another approach to domestic violence offender treatment. The outcomes of this review points to the need for a movement towards collaboration. Studies of BIPs have focused primarily if the intervention successfully impacts the abuser or is seen as effectiveness by measuring a reduction men's physical assault of their intimate partners (Scott et al., 2011). Some 40 published studies, five meta-analyses and numerous commentaries on this subject (Babcock et al. 2004; Feder and Wilson, 2005; Gondolf, 2004) still cannot offer strong support for the role of treatment in helping men decrease violence and other abusive behaviors.

In response, researchers, policy-makers and service providers are making efforts to improve outcomes by focusing on better coordination and more effective systems regarding BIPs (i.e., police, court, probation and advocacy services) and modifying the structure and content of programs to increase responsiveness to ethnicity, co-occurring substance use, personality typology, and readiness to change (Scott, et al., 2011). Dutton (2007) found psychological (individual and interpersonal), biological, and social/political causal factors are not inherently incongruent, and concluded for effective models of intervention for the problem of DV, all levels of explanation must be considered. However, there are also difficulties to address and overcome in order to make

collaboration as commonplace as CBT or the Duluth Model regarding domestic violence offender treatment.

### **Community Collaboration**

Although both law enforcement and treatment agencies are now involved in IPV services, it still remains unclear what response is necessary to reduce recidivism (Slaught & Hamilton, 2005). Gondolf (2004) recommended quick and firm court responses for violations, intensive programming for high-risk offenders, and ongoing monitoring of risk. Collaboration has been identified as a possible solution to meeting these recommendations. Such collaboration, or community coordination response (CCR), is a “formalized system of collaboration between various social service agencies to help meet the needs of specific populations” (Pennington-Zoellner, 2009, p. 539). Gondolf (2004) maintained that program effectiveness depended on the intervention system of which the treatment program is only a part. This is consistent with the premise of the current study, as well, and appears to speak to the need for collaboration among different parts of the system.

Collaboration is about working cooperatively towards a shared goal, combining skills and efforts, with the whole becoming more than its parts (Australian Attorney-General’s Department, 2010). An example of this is multidisciplinary collaboration, an important part of best practice regarding IPV, as it encompasses sharing information and integrated thinking through referrals, reporting, and case conferences to assess risk (Australian Attorney-General’s Department, 2010). The expectation of collaboration is that each professional performs their role with reference to, and respect for, other roles.

This is in an effort to obtain information from different types of expertise to help resolve a complex and sometimes system-based issue (Australian Attorney-General's Department, 2010). Professionals sometimes included in the collaboration are members from the domestic violence advocacy community, legal advocates, and attorneys representing victims in various matters, such as orders of protection, (Salem & Dunford-Jackson, 2008).

According to Slaughter and Hamilton (2005), society's ability to confront DV depends on a CCR, also defined as a collaboration among law enforcement, social services, and the health and mental health agencies. Services to the offender, the victim, and their children are needed in cases of IPV, but usually one agency is not equipped to offer the family comprehensive services, and thus, services tend to be fragmented and discipline-specific (Slaughter & Hamilton, 2005). How the community response is coordinated appears to be a determining factor in how the victim and offender will utilize and benefit from services (Slaughter & Hamilton, 2005). Collaboration requires a clear distinction between individual and collective responsibilities, as well as accountability for collective and individual performance (Potito et al., 2009).

### **Aspects of Collaboration**

CCRs must consist of various key components in order to be effective. These include: systems for sharing information (especially in the context of professional confidentiality rules), shared goals, shared definitions of IPV, shared knowledge about risk assessment, respect for professional expertise across disciplines and agencies, adequately trained professional staff, willingness to sacrifice some professional autonomy

for shared group goals, focus on victim safety and perpetrator accountability, inclusion of IPV-related services at all levels (service delivery, policy, problem solving), willingness to change organizational practice to meet the goals of group, and commitment to continual self-auditing (Australian Attorney-General's Department, 2010).

Effective collaboration is based upon: (a) understanding and respect for various roles, (b) each group viewing themselves and the other professions as contributing differently, but equally valuable skills and expertise, (c) a shared expectation of the conflict resolution process and goals, (d) positive advocacy practices versus adversarial approach, (e) trust in one another's intake and assessment practices, and (f) respectful engagements, including timely responses to communication (Rhoades, Astor, Sanson, & O'Connor, 2008). According to Rhoades et al. (2008), this is congruent with themes in other literature (Salem & Dunford-Jackson, 2008; Fields, 2008; Baker, 2010; Ver Steegh & Dalton, 2008).

Common understanding of the overall functions of these key players is also a necessary key component of collaboration. The key players and their roles are law enforcement (arrests and orders of protection), lawyers (including legal aid), Guardian ad Litem/lawyers for children when there are allegations of child abuse and domestic violence, court support/victim advocates (assisting victims to obtain protection orders, referrals, and support), family counselors (provide families with counseling and guidance about separation issues) (Australian Attorney-General's Department, 2010), Department of Child Safety, BIPs, and victim services.

Additional goals of CCRs include victim protection, offender accountability, coordination and evaluation existing services, development of new services, and changing the social climate of tolerance for DV (Salazar et al., 2007). According to Giustina (2008), a broad community response focusing on community control, not only the criminal justice system's management through the police and courts, is necessary to accomplish the goal of ending DV. It is important to look at DV as not just a crime against the victim, but against the community, since many members of it can be impacted (Giustina, 2008). Considerable evidence identifies the relationship between DV and threats to child safety, validating the collaboration between child protection and DV professionals (Potito, Day, Carson, & O'Leary, 2009)

Allen, Watt, and Hess (2008) also identified the primary activities councils engage in (discussing issues, sharing information, identifying weaknesses in the system's response, providing training for key stakeholders, engaging in public/community education, and lobbying key stakeholders) and three outcomes (promotion of knowledge, relationships, and institutionalized change). This is similar to what was accomplished with the collaboration in Pima County, which was the basis of this study.

### **CCR and Bronfenbrenner**

The Duluth model begins at the level of cultural awareness and seeks to intervene within the community to diminish the power of batterers over their victims' (Pence & Paymar, 1993; Rivett & Rees, 2004) which has been translated into a coordinated community response (CCR) for IPV (Shepard and Pence, 1999). Because IPV is at the

sharp end of gender oppression, combating it with a CCR is the widely-recognized best way to bring together relevant organizations (Hague & Bridge, 2008).

One goal of a CCR related to IPV is to create an infrastructure that will facilitate systems-level, and ultimately societal-level change (Salazar et al., 2007) further strengthening Bronfenbrenner's argument regarding the impact of one level affecting other levels. CCRs also encompass social change goals based on the perspective that offenders are part of a larger environment with norms supportive of domestic violence (e.g., women provoke men) and unsupportive of appropriate sanctions (e.g., domestic violence is a family matter). Thus, an emphasis is needed on changing the community's norms, otherwise the ability to change individuals embedded within it is limited.

Further aligning with Bronfenbrenner, Salazar et al. (2007), identified CCRs as an ecologically-oriented strategy that brings together law enforcement, courts, social service agencies, community activists, and advocates for women to address the issue of IPV through sharing common goals, including increasing victim safety and offender accountability through inter-organizational exchanges, delivery of integrated services, and enhancing interagency communication. Multidisciplinary practices seem to better represent a client's wider context and ease the ability access to timely, appropriate solutions (Baker, 2010). Comparing different points-of-contact is also important in research as it provides a more complete demographic picture of the way domestic violence is expressed within the community (McCloskey, Sitaker, Grigsby, & Malloy, 2006).



Rivett and Rees (2004) used illustrations from Harway and O'Neil (1999) to demonstrate the role of macro-societal influences that allow the biological, psychological, and relational factors to affect individuals. They also used an adaptation from Cronen and Pearce (1985) to show how a man abusing a woman is affected by the pattern in the relationship, gender role expectations, and social responses, and how a man changing his abusive pattern may change the relationship, while men and woman advocating for legal change may impact social expectations about gender roles. Thus, if IPV can be explained by gender role stereotypes, or by the absence of legal sanctions, then it can be changed by intervening in either one area or both. This relates to change by impacting different levels per Bronfenbrenner's EST.

Campbell, Neil, Jaff, and Kelly (2010), found men avoid seeking help because it is associated with weak and fragile characteristics, and domestically-violent men (38%) are typically ashamed to seek help for their abusive behaviors. They noted men who support traditional attitudes about the masculine role in society, such as not expressing emotion, were less likely to seek out psychological help. Thus, they believed their study supported the perspective that traditional male gender role attitudes still exist in our society, which such men from seeking the required help from BIPs (Campbell et al., 2010).

These systemic challenges highlight the broader issue of attempting to address the complex dynamics of assessing and improving community responses to IPV which could result in increased victim safety and offender accountability (Goodman & Epstein, 2005). Salazar et al. (2007) reported traditional social science methods may not work to assess

the impact of collaboration, and while some progress has been made, methodological tools for assessing changes within systems and communities are lacking compared to tools used for assessing changes in individuals (Hovmand & Ford, 2009). The current study makes another effort to resolve some of these challenges by using Bronfenbrenner's EST (Bronfenbrenner, 1979) linking intervention to outcomes and assessing recidivism using offender and legal system data.

### **Potential Difficulties**

As beneficial as collaboration can be, there are also many potential problems. These problems can arise if the multi-agency responses are not focused on enhancing victim safety (Australian Attorney-General's Department, 2010). Some issues include: limited time and resources to meet, prejudice against other professional roles, rigid confidentiality requirements, uninformed or confused practitioners, ownership of clients, adversarial approaches, lack of skills for collaborative working relationships, and narrow role definition. Collaboration can also challenge traditional roles and boundaries among professions due to straining ethical standards and foundations of a profession's purpose and culture (Baker, 2010).

Although collaboration may offer a new perspective and better outcomes for domestic violence offender treatment, Huxham and Vangen (2004) recommended collaborations need nurtured continuously because although progress may be made, a change to one of the members will disrupt it. Since collaborative partnerships are dynamic, any trust built throughout the collaboration could be threatened if there is a structural or staff change in one of the organizations (Potito et al., 2009).

Yet another barrier could also be not knowing why or how to collaborate with other agencies (Davidson & Bowen, 2011). Further, other problems surface over time necessitating high-quality management throughout the collaboration, as well as excellent communication processes and skills (Potito et al, 2009). Another area of frustration is the reality is that working in partnership is much slower than taking action alone, and working with various other agencies bring numerous challenges (Huxham & Vangen, 2004). At its worst, collaboration “can become a minefield of bureaucratic procedures or turf wars that hinder effective action and impede separate professional goals and imperatives” (Australian Attorney-General’s Department, 2010, p. 2). Finley (2010) reported collaborative efforts have been approached as means of demonstrating superiority versus emphasizing structure and agency. Nowell (2009) also found differences in coordination outcomes in that stakeholder relationships were overshadowed by the leadership and decision making capacity of the collaboration.

Another difficulty in collaboration is the identification of the client. According to Rivett and Rees (2004) and some BIPs’ philosophies, offenders are not the primary client, the work is done for the protection of women and children. Working with the offenders is how the protection of others is achieved. Also according to Rivett and Rees (2004), “privately-negotiated therapeutic space in which the therapist retains a neutrality” (p. 150) is not unacceptable when the focus is on maintaining victim safety; it is essential for systemically-orientated batterer programs to intervene at a multiagency level. Working therapeutically in isolation with a batterer is problematic for several reasons, including: (a) it does not allow for use of knowledge available to other agencies in order

to challenge the offender's behavior, (b) therapeutic intervention missing connection with other agencies cannot act quickly if required to protect the victim and children, (c) a systemic approach can encourage respect of different perspectives so differences can be negotiated, and (d) in a field such as IPV, it is important that the work of one group is exposed to the feedback from other groups (Rivett & Rees, 2004). All of the information shared between agencies is to be used to help the offender change by helping him take responsibility for all of his behaviors (which he may not disclose if not confronted with the information), to accurately assess the level of risk, and to protect the victim if the offender does not change his behavior. This view contrasts sharply with most counseling and therapeutic contracts. This was an issue in which Pima County's collaboration also experienced difficulties due to different perspectives and professional roles. However, the members of the collaboration came to the agreement the victim is the identified client.

### **Potential Benefits**

When looking at IPV as a multi-faceted problem, it seems logical to utilize efforts by multiple agencies to offer a systematic approach to intervention. Although Salazar et al. (2007) reported collaboration worked more slowly, others (Australian Attorney-General's Department, 2010) reported it was more efficient than segregated practice and clients receive better services. The Australian Attorney-General's Department (2010) reported strategies for collaboration do not need to be cumbersome or time-consuming, but may require utilization of a skilled and professional approach. It seems as though this inter-professional conversation should not be so difficult (Salem & Dunford-Jackson, 2008). Members of various professions often excel at collaborating with others and agree

on many principles, including the goals of safe and healthy families and homes, and the agreement that abuse should not occur in relationships, and that offenders of such must be held accountable for their actions. Also, when time is allowed for collaboration to be implemented, matters move more quickly through the courts and are resolved with fewer court events (Higgins, 2007). This potentially benefits our judicial system, society, and the family.

Benefits of CCRs include increasing felony arrests, and imposing jail sentences and probation (Bledsoe, Sar, & Barbee, 2006; Bouffard & Mufie, 2007). Also, members of different professional communities bring varying perspectives to the problem which are shaped by their own professional and personal experience, mandates and ideology (Salem & Dunford-Jackson, 2008). Further, collaboration can lead to the promotion of increased communication, better problem solving, and enhanced planning between professionals involved in complex cases, which can generate more effective responses to client needs (Australian Attorney-General's Department, 2010). Safety of all is increased through the combined efforts of skilled practitioners committed to safety and accountability despite varying professional and ideological perspectives.

Collaboration is especially important considering the minimal effectiveness of interventions on their own. For example, courts can mandate convicted DV offenders to ongoing judicial monitoring with little empirical research about its impact (Rempel, Labriola, & Davis, 2008). Studying offenders sentenced to judicial monitoring ( $N = 387$ ) and similar offenders not sentenced to monitoring ( $N = 219$ ), Rempel et al. (2008) found

judicial monitoring failed to reduce the re-arrest rate for any offense, including domestic violence, and domestic violence with the same victim.

Similarly Labriola, et al. (2008) studied randomly assigned offenders to either a BIP or no program, and to either monthly judicial monitoring or graduated judicial monitoring, meaning reduced court appearances in response to compliance, or increased appearances in response to noncompliance. They found neither the BIP nor the two monitoring options offered a reduction in re-arrest for any offense. Since women's risk perception is positively related to post-separation violence, interventions should focus on preventing opportunities for victim/batterer contact after separation (González-Méndez & Santana-Hernández, 2014). This could be monitored through collaborative efforts and enforced through orders of protection.

BIPs offer an important advancement in ending violence against women, as they represent a societal shift from viewing domestic violence as a private matter to one needing multi-faceted public response (Scott et al., 2011). He reported BIP's also offer monitoring of men who have been arrested for domestic violence and helping them to increase their accountability for their abuse while also communicating such change is possible. This advocacy from BIP service providers has triggered greater coordination of community services to help promote men's change and women's safety (Scott et al., 2011).

Offender programs may be more effective when efforts are combined with coordinated, communitywide efforts, especially considering a major criticism of the arrest and treatment studies conducted thus far is they expect too much from a single type

of intervention (Saunders, 2008). According to Saunders' (2008) review, combined intervention (arrest plus prosecution and/or treatment) is more effective than any single form of response. Other system changes that could be beneficial in reducing re-assault include increasing the number of weekly sessions the first few months when re-assaults are most likely to occur and increasing the support for victims through caseworkers and advocates (Gondolf, 2004). The increased contacts can also assist in providing continuous risk assessment (Saunders, 2008).

Others have also recognized the importance of collaboration, its demands, and inter-organizational collaboration among community institutions, such as coalitions, partnerships, and coordinating councils. Nowell (2009) recognized collaboration as a way to strengthen the ability of a community to respond to public and social issues. Nowell (2009) also used a network approach to explore the importance of cooperative relationships for improving inter-organizational coordination and fostering systems change. Through use of survey and social network data, cooperative stakeholder relationships were found to be the strongest predictor of systems change outcomes (Nowell, 2009).

Davidson and Bowen (2011) discussed how collaborative and supportive partnerships among community agency members can work together for successfully ending violence against women. They identified how service agencies can collaborate with one another to foster both DV and sexual assault research and direct service to survivors. They also identified methods of how to create positive, collaborative relationships between service providers in the field of DV and sexual assault, including

identifying the agency and learning about it, demonstrating respect, identifying what can be offered and gained through the collaboration, learning from others, establishing clear objectives, roles and responsibilities, and building a relationship based on trust (Davidson & Bowen, 2011).

Hess, Allen, and Todd (2011) indicated other researchers also recognized the importance of community involvement to challenge norms that support perpetuation of domestic violence. This promotes the idea of increasing collaboration since more agencies will be involved. It is important to remember that collaborative efforts emphasize both structure and agency, rather than demonstrate superiority (Finley, 2010).

Gondolf (2004) also noted how programs could offer more continuous support to victims through women's advocates or caseworkers, as he found that while a third of the victims reported some contact with victim's services within the first three months of program intake (beyond contact with a legal advocate), only 8% of the women had any contact in the next 12 months. More concerning is that this later contact was in response to additional assaults. Consequently, women services were not associated with a reduction in re-assault (Gondolf, 2004). Additional support through collaborative efforts might increase risk management through intervention and assistance, while also helping women access and benefit from available resources and services (Gondolf, 2004).

Others have also recognized the importance and focused on social change outcomes, while considering coordination outcomes, including IPV and community coordination (policies, information sharing, and referrals) between the criminal justice system, counseling centers and shelters for survivors (Pennington-Zoellner, 2009).



Pennington-Zoellner (2009) identified the life model of social work practice by also identifying the need for effective collaboration when working with victims of DV by outlining a project that examines the antecedents of homicide by a current or former partner by analyzing closed homicide case records and a survey of police officers' experience of collaboration with health and social care providers (Sully, Greenaway, and Reeves, 2005). This shows the ultimate importance of collaboration examining the ultimate price of ineffective IPV intervention – death. The study's findings suggested opportunities where intervention could prevent homicide in future situations (Sully et al., 2005).

Thus, there are serious implications when working with offenders and not communicating with others. At the micro-level, people working with offenders can be unaware of all of the information which can impact the steps and efforts made to keep victims safe. For example, if the probation department is not communicating with the treatment agency about the nature and extent of the offense, it is difficult to hold the offender completely accountable because the only information the facilitator has is coming from the offender. Also, if probation is not talking with the victim and/or victim advocates, the offender can appear to be doing well on probation and in counseling, but he could still be engaging in domestically violent behaviors at home. Or, if the treatment provider is not communicating concerns or risk to the probation officer, he/she may not make home visits as often, or not be able to protect the victim and/or community as effectively because important information was not communicated. There are impactful implications at the macro-level, as well.

## **CCR Program Evaluation**

Bledsoe et al. (2006) argued increasing offender accountability increases victim safety, which may assume the goals of increasing victim safety and increasing accountability are one and the same (Hovmand & Ford, 2009). Due to this, research has overemphasized perpetrator-centered criminal justice studies and evaluation of batterer intervention programs (Hovmand & Ford, 2009; Goodman & Epstein, 2005). According to Hovmand and Ford (2009), other difficulties in research have resulted in few evaluations of the criminal justice system focus on community interventions. One methodological challenge includes the development of social theories linking intervention elements to outcomes (Salazar et al., 2007). Another challenge includes the complexity of IPV, making it impossible to apply and test a one-size-fits-all solution across communities (Goodman & Epstein, 2005). Yet another challenge is the necessity to explore variables other than re-arrest of offenders to determine recidivism (Bouffard & Mufie', 2007). The lack of adequate comparison groups during research also presents additional difficulties (Robinson & Tregida, 2007). Lastly, the difficulty of gaining access to criminal justice data on IPV adds to the lack of forward movement (Salazar et al. 2007).

Fleury-Steiner, Bybee, Sullivan, Belkap, and Melton (2006) conducted a study using regression analyses to examine women's intentions to reuse the criminal legal system in the event of future violence. They reported their findings are consistent with an ecological perspective on behavior (e.g., Bronfenbrenner, 1979), including how their experiences with the police and the legal system impacted their intentions (Fleury-Steiner

et al., 2006). This study showed how impactful the other members of the collaboration can be on reducing DV from the victims' perspective by identifying which parts of the system are effective for victims, and which are not.

Salazar et al. (2007) evaluated whether a CCR implemented in two counties would be effective at increasing criminal justice system sanctions (i.e., arrests, prosecutions, convictions, sentencing, and referrals to BIPs) for male DV offenders ( $N = 595$ ). Time series analyses showed in both counties, there was a significant increase in arrests of male offenders. Notably, the study also examined women offenders ( $N = 48$ ) and law enforcement also arrested more women following the intervention, which highlights the importance of examining a CCR's unintended consequences for women, as previously discussed (Salazar et al., 2007).

Gondolf (2004) also identified the influence of system components in which the court supervision of cases offered a rapid response to noncompliance, entering the program more quickly after arrest and reappearing in court periodically to confirm their program attendance. This system reduced no-shows (from 30% to 5%) and 70% completed (Gondolf, 2004). Thus, "the system appears to matter" (Gondolf, 2004, p. 619). Bledsoe et al. (2006) studied the impact of a CCR on offender accountability. They utilized a quantitative analysis approach to dispositional data from all IPV arrests ( $N = 1,079$ ) and found the CCR resulted in the offenders being held more accountable through arrests, the arrests remaining felonies, and longer jail and probation sentences (Bledsoe et al., 2006).

**Criminal Justice/Courts**

Concerns about low arrests in law enforcement's response to IPV calls have led some communities to implement a CCR (Hovmand & Ford, 2009). During the past decade, in an effort to deter IPV, criminal courts nationwide have increased the use of intensive judicial monitoring, most often in combination with mandated BIP attendance (Rempel, Labriola, & Davis, 2008). Judicial monitoring can occur either pre- or post-conviction, and normally involves court appearances before a judge, or compliance officer, to confirm offender compliance with BIP attendance and other court orders (Rempel et al., 2008). The consequences if the offender is noncompliant can include a range of sanctions, including verbal admonishment, restarting an assigned program, or jail. The duration and frequency of monitoring varies widely across jurisdictions (Rempel et al., 2008).

Some use judicial monitoring as the only way to promote accountability by ensuring offenders are fulfilling their responsibilities to the court, such as attending their BIP, not violating orders of protection, and not getting re-arrested, and then imposing sanctions on those who are noncompliant (Rempel et al., 2008). Others use judicial monitoring as a way to proactively deter recidivism identified by concrete behavioral changes by sending the message that the court is watching and there will be penalties for noncompliance (Rempel et al., 2008). While judicial monitoring works for other populations, such as through specialized drug courts, it is unclear if these findings are applicable since IPV offenders differ from nonviolent drug offenders (Rempel et al., 2008). So, while there is little empirical evidence about how judicial monitoring impacts

IPV offenders, this has become a best practice and there is an increasing number of specialized domestic violence courts appearing nationwide (Rempel et al., 2008). Thus, empirical research is still needed especially as the prevalence grows.

Day, Carson, and Saebel (2010) identified limitations of review of practices and the evaluation of outcomes of contracted-out services for IPV offenders, including program providers' constrained ability to offer best practices. For example, providers delivered offender group services, but did not have developed programs to offer contact with victims, or establish partnerships with other stakeholders. While providers felt they were doing what was possible with available resources, a collaboration may have made possible more integrated services (Day et al., 2010). Due to implementation gaps, good intentions, acknowledged policy, and program objectives are not enough to ensure good outcomes (Day et al., 2010). Thus, provider agencies need to ensure services for victims and collaboration with other agencies are fundamental in their program. Further, increased consistency between programs, monitoring and reporting of outcomes, and contract management processes are needed (Day et al., 2010). Collaboration between stakeholders could help improve effectiveness regarding filling the gaps left without such knowledge and by helping to hold the professional agencies accountable for service provision and meeting expectations.

## **Future**

Returning to Bronfenbrenner's EST, Hovmand and Ford (2009) concluded new methods are needed to represent the evolving multi-faceted and multi-level nature of communities in order to develop possible solutions for problems, such as DV. It is

important they are receptive to the feedback about the issues that impact stakeholders and how their role can be more effective in meeting such needs. It was also concluded collaborative and supportive partnerships among members of community are needed to help address significant issues, again, like DV (Hovmand & Ford, 2009). Regarding future research related to collaboration, it may be worthwhile to study how members of academia and service agencies can collaborate to foster research and direct service (Hovmand & Ford, 2009).

### **Variables**

As evidenced through this review, there are many aspects regarding IPV. In considering the gap in the literature, as well as what is in the literature, the variables needed for the present study can be identified. Because collaboration has been identified as a potential response to current ineffective systems and because community involvement can challenge norms that support perpetuation of IPV (Hess, Allen & Todd, 2011), it is the independent variable for this study. Also based on this literature review, three dependent variables were identified – recidivism (measured by probation violations, re-arrest, violent re-offenses, and orders of protection), successful completion of treatment, and successful completion of probation.

Recidivism was chosen as a dependent variable because throughout the literature that is how program effectiveness has been measured. However, how recidivism is measured varied. Arrests are an important tool in identifying where IPV has been committed especially with current mandatory and preferred arrest laws. These laws are an effort to combat IPV by disrupting the abusive relationship (Guzik, 2008). All states' law

enforcement have been empowered to arrest in situations of domestic violence, thus showing enough concern in a situation to arrest without a warrant (Hirschel, Buzawa, Pattavina, & Faggiani, 2008). Mandatory arrest laws mean an officer must arrest if there is probable cause an IPV offense has been committed. Preferred arrest laws mean arrest is the preferred response to such an incident (Hirschel et al., 2008). Through the rest of the legal process, charges may be dismissed or pleaded down, which is why using initial arrest is helpful in identifying any relapse of this behavior. Arrest was used as a way of measuring recidivism in other studies, too (Babcock et al., 2004; Labriola et al., 2008; Mills et al., 2013).

Orders of protections, also known as restraining orders, can be another tool to assess recidivism. According to Kethineni and Beichner (2009), thousands of women initiate civil orders of protection each year. These orders started with the Pennsylvania Protection from Abuse Act of 1976 and now all 50 states have adopted protective order statutes specifically for women. Although there is some variation, in most jurisdictions petitioners are required to be in a current or former intimate relationship with their perpetrators and to have been victimized (Kethineni & Beichner, 2009). The orders can be obtained by victims to help stop violence by restricting the access of one person (here, the offender), to them for a specified time (McFarland et al., 2004). The orders represent public documentation that abuse has occurred, and if the order is violated, the offender is subject to prosecution (McFarland et al., 2004).

Because orders of protection may not be granted and because victims may change their mind and request the order be lifted, measuring when an order of protection was

requested (rather than granted) is another way to identify when an offender has potentially reverted back to behaviors which at minimum, scared or intimidated a victim. This does not have to mean physical contact, or abuse. Further, while orders of protection can help empower victims and provide some sense of safety, they can impact the offender through the legal proceedings, the information provided to them by the judge, and holding them accountable (Pierce & Quillan, 2013). If more than one order of protection is filed against an offender, it could mean they have not been impacted by the current circumstances. “Studies have consistently demonstrated that victims are subjected to many serious abuses leading up to the incident that result in the initiation of the protection order process” (Kethineni & Beichner, 2009, p. 312). However, protection order violation charges may not have significant effect on the offender receiving a conviction, or on recidivism rates. Also, research did not show significant differences for convicted versus dismissed offenders (Frantzen, San Miguel, & Kwak, 2011).

Specific research on probation violations and domestic violence was not found. Pearson, McDougall, Kanaan, Bowles, & Torgerson (2011) noted while probation supervision is a major part of community sentencing, the monitoring of offenders is a comparatively under-researched facet of corrections. Further, evaluations of types of supervision have focused on frequency and intensity of probation contact, which have produced predominately inconclusive, or negative, findings on effectiveness. Probation supervision has evolved over the last 40 years as a methodology subject to the individual officer’s training. Thus, similar to offender treatment, the standards are vague other than



what officers must conform to regarding organizational policies and legal requirements, mainly related to frequency of contact with the offender (Pearson et al., 2011).

Another reason probation violations are included in this study is that substance abuse can be a common probation violation. Substance abuse is an important factor in IPV as it has been found to be a predictor for re-assault (Gondolf, 2004). Foran and O'Leary (2008) conducted a meta-analysis, and found a small to moderate effect size for the association between alcohol use/abuse and male-to-female partner violence.

“Historically, probation has adopted a variety of methods and philosophies ranging from social work principles, psychotherapy, compliance, surveillance, intensive supervision, and some tougher forms of therapy such as outward bound wilderness training and ‘scared straight’ initiatives” (Pearson et al., 2011, p. 5). Part of probation’s role is to build interpersonal relationships with the client, which are needed to engage and motivate him to change (Bonta, Rugge, Scoh, Bourgon, & Yessine, 2008). Modeling appropriate behavior, providing opportunities for behavioral practice, reinforcing prosocial activities, and discouraging antisocial behaviors provide the offender with more efforts for positive change. Prosocial behaviors can be related to Bronfenbrenner’s EST. Penner, Dovidio, Piliavin, and Schroeder (2005) analyzed prosocial behavior by identifying the meso level as “the study of helper-recipient dyads in specific situations,” the micro level as “the study of the origins and sources of prosocial tendencies,” and the macro level as “the study of prosocial actions that occur within groups and large organizations” (p.14.1).

One of the most effective ways of reducing offender conduct is to intercede at the human service level, which is most effective when delivered in the community (Andrews & Bonta, 2006). The Risk Principle of effective rehabilitation states the intensity of intervention should match the risk level of the offender (Bonta, Rugge, Scoh, Bourgon, & Yessine, 2008). Despite these efforts, meta-analyses found probation supervision was unrelated to recidivism, which may be due to the integrity of service delivery within corrections (Bonta et al., 2008; Harris, Gingerich, & Whittaker, 2004). Thus, working as a collaboration may not only help hold the offender accountable, but the servicing agencies, as well.

While little research was found supporting probation and prosocial behaviors, in our current legal and justice system probation is used as a tool when working with offenders. It is included as a dependent variable in this study because in Pima County, in order to successfully complete probation, the offender has to show compliance with at least some societal expectations and laws, which seems to show at least some progress in being able to show a better level of maintenance than when first arrested. Thus, until more research has been conducted, or a better tool developed, it seems successful completion of probation, and probation violations, will continue to be used as some measurement of rehabilitation.

Attrition was also a predominant theme in the literature. In Pima County, an IPV offender can usually not successfully complete probation without having paid their restitution or completing treatment, which shows at least some accountability. Olver et al. (2011) found offenders who did not complete treatment were higher-risk offenders and

attrition significantly predicted recidivism. Despite conflicting research, it seems treatment completion can offer important information in this study and was another dependent variable.

To summarize, the independent variable was the collaboration between probation, victim services, and treatment, and the dependent variables was recidivism measured by probation violations, re-arrest, violent re-offenses, and orders of protection, and the successful completion of probation and treatment. These variables were chosen based on the literature and the identified need to explore another approach IPV and the system's approach established through Bronfenbrenner's EST.

### **Summary**

In this chapter, detailed information was provided about the literature search and how it was conducted, and the theoretical foundation and how it is applicable to the current study. This chapter also included information about the extent of the problem, including the cost of domestic violence, its cycle, and the evolution of domestic violence offender treatment, providing additional foundational information about this topic. Information about the different approaches and types of treatment was also provided, as was the additional complexities of IPV, such as with and substance abuse and attrition. Information was also provided from a program evaluation standpoint, such as standards, recidivism, effectiveness, and the various modalities offered to facilitate such treatment. Research related to culture, the LGBTQ population, typology, facilitator characteristics, victims' perspectives, and mutual violence/female aggressors was also reviewed. Finally,

community collaboration, its history and development, and its difficulties and importance were explored, and reasons for the variables were provided.

The major themes found in this literature review identify efforts being made to address the issue of IPV, but lacking a clear direction on where to focus efforts next due to a variety of interventions being implemented without clear evidence of a positive impact on outcomes. Researchers may be getting frustrated with this trend, as the dates of recent research articles appeared to show a decrease in related published studies.

The cost of IPV is high ranging from emotional and physical abuse and scarring, to medical bills and missed work. Sometimes victims, their children, and even offenders, pay the ultimate price and lives are lost. It seems the issue of IPV has been addressed at different angles – criminally through the courts and probation, socially through supports offered by victim services, and emotionally and mentally through BIPs. However, largely the issue of IPV has not been addressed from all the angles at the same time, which is the premise of this study, and which also relates to Bronfenbrenner's EST. Bronfenbrenner (1977) asserted changes occur between people and environment in system's terms. This study focuses on the impact of a system's approach (collaboration – the independent variable) on outcomes of the offender related to completion of treatment, completion of probation, and recidivism (the dependent variables). The offender can receive information about how his behavior impacts himself, his victim, his family, and the community. Continuity or discontinuity of a given behavior can be attributed to system interactions (Rvachew & Bernhardt, 2010). Thus, when he is held accountable from

different levels of the system, it is possible he will be more impacted than when he is held accountable by just one part of the system.

The evolution of batterer intervention programs was highlighted in this review showing the starting point and the progression leading up to where this intervention is today. From mandatory arrest laws to alternatives to incarceration, BIPs have played an important role in attempting to address the issue of IPV. Without any better options for judges, unstandardized BIPs began flourishing (Goldman & Du Mont, 2001; Dalton, 2007) and the debate ensued regarding what programming was best for this population – psycho-educational versus CBT versus a variety of other modalities, including couples and attachment theory, to name a few. The debate is still in effect today, which is another reason for this study. With so many options and so little evidence, it seems society, victims, offenders, the courts, and treatment providers could all use more direction and information regarding evidenced-based practices. The therapeutic or educational approach is also complicated by the type of offender, co-occurring disorders, including substance abuse and attrition.

The history of research on IPV is one plagued with varying results, discrepancies, varying standards, and problems with the studies (Aguirre et al., 2011; Dalton, 2009). It is the goal of this study as a data review to mitigate some of those issues. Despite the cost and impact, standards have been lacking regarding IPV offender treatment, including specifically in Arizona (Dutton, 2006). The lack of standards may contribute to recidivism rates, which depending on the study and the type of intervention with many studies reporting rates around 35% (Babcock et al., 2004; Stover, Meadows & Kaufman,

2009). However, what is more noteworthy is that despite the numbers of studies, few have rigorous designs that could lead to firm conclusions (Babcock, Green, & Robie, 2004; Gondolf, 2004) and even when treatment is offered, no significant differences are found between offenders who attend treatment and ones who are only monitored (Labriola et al., 2008). Thus, what is effective and consistent in the treatment of domestically violent offenders is not known.

What is known about is that collaboration is a potential response to current ineffective systems (Adler, 2002) and the system appears to matter (Gondolf, 2004). Research has shown the importance of community involvement to challenge norms that support perpetuation of IPV (Hess, Allen & Todd, 2011). Others have also recognized of the need for collaboration (Salem & Dunford-Jackson, 2008). However, what is not known is the effect collaboration has on IPV offender treatment outcomes, specifically collaboration between probation, victim services and treatment providers on recidivism (probation violations, re-arrests, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment. Thus, from what is known and not known in the literature, variables for this study were identified.

The goal of this study is to fill the gap in literature regarding what is needed to improve outcomes regarding domestic violent offenders related to decreased probation violations, re-arrests, and/or requested orders of protection, and increase successful completion of probation and treatment by identifying the impact of collaboration and a systems approach to IPV. As such, an ex-post facto quasi-experimental quantitative

research study was conducted to determine if there is a significant difference in outcomes for offenders who attended treatment programs part of the tripartite collaboration versus offenders who attended treatment programs that were not.

Chapter 3 will define the methodological approach used to conduct the research, identify the quantitative method and research design used to investigate the outcomes of domestic violence offenders, describe the measures taken to guard the rights of participants represented by the data, outline the data collection and analysis process, and identify research design, rationale, and threats to validity.

## Chapter 3: Research Method

### **Introduction**

The purpose of this ex-post facto, comparative, quantitative study was to examine the impact of tripartite collaboration on outcomes (probation violations, re-arrests, requested orders of protection against the offender, successful completion of probation, and successful completion of treatment) for males who have been convicted of IPV offenses. Outcomes were measured by recidivism (probation violations, re-arrests, violent re-offenses, and/or filed orders of protection against the offender), successful completion of probation, and successful completion of treatment. A comparison was drawn between the two groups.

This chapter covers the following topics: (a) research design and its rationale (b) methodological approach used to conduct the research, (c) threats to validity, (d) description of the measures taken to guard the rights of participants represented by the data, (e) outline of the data collection and analysis process, and (f) role of the researcher.

### **Research Design and Rationale**

Tripartite collaboration (between probation, victim services and offender treatment agencies) was the independent variable for this study. The three dependent variables were recidivism (measured by probation violations, re-arrest, violent re-offenses, and orders of protection), successful completion of treatment, and successful completion of probation. A quasi-experimental, ex-post facto, quantitative design was appropriate for this study. In quantitative research, research questions are typically



descriptive, relational, or causal (Creswell, 2009). Relational questions are the most relevant for this study because they are designed to allow the researcher to draw information about potential relationships between variables. For example, in this study, a relational question was asked to determine if there is a relationship between a treatment variable (collaboration) and outcomes, which were compared between two groups. The information obtained in this study was an effort to answer the research question: Is there a significant difference in recidivism (numbers of probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not?

An ex-post facto design was the best design for this study due to using data available through a record review. The data and related information had already occurred, so the independent variable was statistically, but not physically, manipulated. Using this design provided the opportunity to utilize information about treatment outcomes without having to disrupt, or interrupt, offenders' lives with contact about their offenses for interviews. It also allowed for data other than self-report to be studied. Thus, this design allowed for data to be tested without having to manipulate participants for a control group and a test group. Using existing data allowed for statistical testing to show the results on outcomes from when the collaboration was and was not in existence, allowing information about the relationship between collaboration and outcomes to be drawn. These results were able to be obtained much more quickly than following offenders from

the start of their treatment and waiting for a follow-up period, or more quickly than sending a survey and waiting for responses. Results and information about this relationship can be helpful to the discipline since common approaches to IPV are not seen as effective (Babcock et al., 2004), and the field lacks direction on how to address the issue since there is not a definitive approach to treating IPV (Labriola, Rempel, & Davis, 2005; Pender, 2012). Due to this issue, the more quickly information can be obtained, the better, as IPV adversely impacts lives every day (Kindness et al., 2009; Trevillion, Oram, Feder, & Howard, 2012; CDC, 2014).

## **Methodology**

### **Population**

Participants ( $N = 252$ ) in this study included adult males, 18 years of age or older, who were convicted of domestic violence in Pima County, Arizona, and were assigned to supervised probation (PCPD) by the Pima County Consolidated Justice Court. Pima County is the second largest county in Arizona. The participants were from varied socioeconomic backgrounds and ethnicities. This convenience sample size was chosen to gather a significant amount of available data while accounting for records that would be incomplete and unusable, in order to reflect the impact of collaborative treatment as much as possible. Initially, using a  $t$  test with two independent means, A priori, two-tailed, with an effect size of .05, and power of .95, G\*Power suggested two sample sizes of 105, for a total sample size of 210. Then, when it was determined chi-square would need to be the statistical test, using  $\chi^2$ , goodness of fit test, a priori, with an effect size of .03, and a power of .95, G\*Power suggested a total sample size of 220, which was still less than

what was used in the actual study. In order to help ensure a robust study, as well as complete data, two groups of 126 were chosen for  $N = 252$ .

### **Procedures for Recruitment, Participation and Data Collection**

Through several meetings with various PCP employees, including the Treatment Program Manager, Division Director of Operations, Division Director of Field Services, Division Director of Court Services, Business Systems Manager, Office Supervisor of Court Services, Interim Director of Information and Technology services, Manager of Technical Services, Case Flow/Quality Assurance Manager, Business Systems Analyst, and software programmers, as well as the Judge for Domestic Violence Court at Pima County Consolidated Court, permission was granted for this study. It was agreed by all the aforementioned parties that the Information Technology Department (ITD) would randomly select participants and related data, including the information for the dependent and independent variables. The data included the offenders' names, Adult Probation Enterprise Tracking System (APETS) number, sentencing date, termination date, and type of termination. Pima County dispatch obtained the information on orders of protection filed on offenders from the list of names provided. This information was obtained from dispatch to protect the confidentiality of the victims. However, much of the information obtained in this study, such as arrest information, is also considered public record.

### **Sampling and Sampling Procedures**

This study was not a true experiment, but a quasi-experiment, because a random sample of participants was not used. Using a convenience sample was acceptable since

mandated domestic violence offenders are either referred to a specific agency for treatment, or they are able to pick what agency they want to attend from a list of certain agencies.

A data review of PCP records for domestic violence offenders who attended treatment in Tucson, AZ, was be conducted. This data review provided information without having to rely on self-report in surveys, which may, or may not, have been reliable and valid. The data was coded for completion of treatment, non-completion of treatment, successful completion of probation, and unsuccessful completion of probation, and recidivism (including probation violations, re-arrests, violent re-offenses, and requested orders of protection). There was also coding for which treatment agency the offender attended (collaboration or not). The data review occurred at the PCP Department.

Information about participants' outcomes was gathered from records in the PCP Department database, the Pima County Consolidated Justice Court website, and through local dispatch checking for orders of protection, re-arrests, and violent re-offenses. The information searched for was related to the independent variable (collaboration or not) and the dependent variables (recidivism, treatment completion, and probation completion). The first record review consisted of offenders ( $N = 126$ ) from July 1, 2007, to June 30, 2008, with a 2-year follow-up checking for the aforementioned outcomes. For example, the records of offenders in the year 2007 were reviewed through the year 2009 and the records from 2008, were reviewed through the year 2010. This was Group A. The collaboration in Pima County with victim services, treatment providers, and probation

began in 2009. Thus, the next record review consisted of offenders ( $N = 126$ ) from July 1, 2010, to June 30, 2012, with a 2-year follow-up checking for the aforementioned outcomes. For example, the records of offenders in the year 2010 were reviewed through the year 2012 and the records from 2012, were reviewed through the year 2014. This was Group B.

Outcomes were determined by reviewing the records of participants and identifying who has recidivated and who has not (probation violations and re-arrests). Records were reviewed at the PCP Department by accessing their database, using the Pima County Consolidated Justice Court website, and by local dispatch checking for orders of protection and re-arrests. These records are utilized in the justice system, including through law enforcement, probation, and the courts. As such, they are reputable sources and are the best sources of some data due to how and why their records are kept, and the only source of information for some data. The databases and website offer the best opportunity for the most information, the most accurate information, and the most efficient way to obtain the information needed for this study. These outcomes were compared between the two groups.

### **Instrumentation and Operationalization of Constructs**

**Operationalization.** The independent variable is collaboration, which consists of PCP Department, five IPV offender treatment providers, and Emerge! Center Against Domestic Abuse. Collaborative programs, like CCRs, are not universally defined (Salazar, Emshoff, Baker, & Crowley, 2007). However, collaborative treatment programs are defined in this study as agencies that facilitate domestic violence offender treatment

and actively collaborate with the probation department supervising the offender, the local victim services agency, and other treatment agencies that collaborate in the same way. In the collaboration, the separate agencies communicate openly with each other and work collaboratively to increase offender accountability. Participants in the collaboration participated in monthly structured meetings addressing issues related to domestic violence offenders, their treatment, their probation supervision, and their victims, and had increased communication regarding the offender and the victim.

There are other agencies that provide IPV treatment that do not participate in the collaboration. Certain criteria must be met in order to be considered providing IPV offender treatment as part of the collaboration, such as the training and experience of the group facilitator and the topics/curriculum presented in the groups.

One dependent variable is recidivism, which is defined in this study as a probation violations, re-arrests, violent re-offenses and/or a requested orders of protection against the offender. Other dependent variables are completion of probation, which means the offender satisfactorily completed his terms of probation and the court, and the completion of treatment. Treatment is defined as a minimum of 26 weeks of court-ordered group IPV offender treatment for males.

**Data analysis plan.** Data analysis for this study began after collecting all of the data from both sets of participants. Analysis included tallying the outcomes of each participant. During the data review, the information for each offender was coded for: a) collaboration, or not, b) recidivism or not, and if so, which type – probation violations, re-arrests in to different time periods (within three different time periods, during

probation, within two years after terminating from probation, or after the two years), and orders of protection, c) completion of probation, and d) completion of treatment. The codes were kept in an Excel spreadsheet until the data is ready to be analyzed using SPSS and conducting a chi-square test.

A *t* test was originally going to be used in order to analyze the impact of the collaboration. However, this study did not meet all the assumptions needed to run a *t* test. Thus, a chi-square test was conducted. Chi-square is a test used to evaluate whether the difference is significant between observed frequencies and expected frequencies under a set of theoretical assumptions (Frankfort-Nachmias & Nachmias, 2008). It is also used to determine if there is a relationship between two categorical variables. In the case of this study, the independent variable (collaboration) and the dependent variables (treatment completion, probation completion, probation violations, re-arrests, orders of protection, and violent re-offenses) are categorical variables. The assumptions of the chi-square include the variables being measured at an ordinal or nominal level (i.e., categorical data), and that the two variables should consist of two or more categorical, independent groups (Lund Research Ltd., 2013). For example, collaboration or no collaboration, meets this criterion. Further, a chi-square distribution is a probability distribution of the sum of squares of several normally distributed variables (Field, 2009). It is used to test hypotheses about categorical data and test the fit of models to the observed data.

Because this study involves coding, data editing and cleaning is important (Frankfort-Nachmias & Nachmias, 2008). During the coding portion of the study, I checked for errors and omissions various times throughout the time coding. The

utilization of an organized spreadsheet helped (See Appendix B). I was also aware of accuracy through related questions. For example, an offender could not have completed probation successfully without completing treatment successfully, so I looked for such errors. Also through the spreadsheet, I ensured all boxes were filled, minimizing omission errors. Lastly, there was a limited number of codes, only 0 or 1 and I ensured the codes entered were valid and accurate.

**Research question.** Is there a significant difference in recidivism (numbers of probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not?

**Hypotheses.**  $H_1: \mu_1 \neq \mu_2$

A significant difference in outcomes was found in the dependent variables of numbers of recidivism (probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency part of the tripartite collaboration versus at an agency that was not (independent variable).

$H_0: \mu_1 = \mu_2$

A significant difference in outcomes was not found in the dependent variables of numbers of recidivism (probation violations, re-arrests, violent re-offenses,



and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency part of the tripartite collaboration versus at an agency that was not (independent variable).

### **Threats to Validity**

Because this study was a data review, some threats to internal validity were not of concern. For example, data review provided information about outcomes without having to disrupt, or invade, offenders' lives with contact about their offenses for interviews. A data review also provided information without having to rely on self-report in surveys. However, there were threats to internal validity due to different facilitators conducting different treatment groups at different agencies. Another threat to validity may be what outside event impacts an offender regarding the dependent variables. There are an infinite number of these types of threats, including loss of employment, loss of family member, etc., that can negatively impact the offender. Positive impacts could also take place, such as securing employment, or establishing a positive relationship that is supportive of change.

Participants were randomly selected from a probation database by someone in the PCP Department's ITSD, which is how the information was retrieved to help avoid researcher bias. However, due to different ages and types of domestic violence offenses, maturation could threaten internal validity since age is not a consideration of the study, but could impact recidivism. Another example of this would be an offender who has been

on probation or in treatment before and knows what to expect, versus someone who has not who may want to push boundaries. This is also true for someone who may be considered diagnosed with anti-social personality disorder. Mortality has been considered which is why the number of names provided is greater than the sample size so that only complete data was used since the study is done after the offenders have completed treatment and probation, and only data is being reviewed, the diffusion of treatment, compensatory issues, and testing not a threats. The instrumentation will also not change.

### **Ethical Procedures**

This study received Walden University's Institutional Review Board (IRB) approval prior to beginning data collection (Approval No. 03-12-15-0247104). The information reviewed from the Pima County Consolidated Justice Court is considered public record. The PCP Department allowed limited access to their database in order to research the outcomes of the participants. The offenders were coded once the research was completed to limit the use of their names. However, codes could not be used before this point, as the research needs to be conducted from different sources, such as the probation database for probation-related information and the Justice Court website for court-related information. Pima County dispatch will retrieve the information on orders of protection in order to protect the confidentiality of victims. The agencies where the offenders attended treatment was coded. All forms of research data derived from the study, including written documents, remain in a password-secured computer file. No one else has access to this password or data. Any information not needed (such as names of participants) was shredded.

Due to the research design of data review, ethical concerns appear to be minimized. One concern could be the names of the offenders and how the information about them is used. However, coding took place as soon as all information was gathered, and the study focused on the outcomes from the data review and not corresponding information to the offender. Ethical concerns regarding access to the data was mitigated by the contract written stating offender information would be kept confidential and the information would only be utilized for the purpose of this study (See Appendix F).

Because offenders may have different court case numbers, they needed to be searched for by name. However, during this process, confidentiality of offenders was maintained by the information being stored on a password-protected computer and a password-protected USB drive. Also, this research was done at PCP. After the records review, the offenders' names were coded to eliminate the use of their names. No other access to confidential information was obtained or used in the study other than the variables being researched. Anyone reviewing the records to assist in this study already had access to this information in other aspects of their employment with PCP. Also, some of this information is considered public information.

### **Role of the Researcher**

I am a doctoral student at Walden University. Prior to beginning the study, the IRB granted permission to conduct the study. Quantitative research strategy is appropriate for the study. I participated in several meetings with various members of the Pima County Probation Department, including the Department Division Director of Operations, Division Director of Field Services, Division Director of Court Services,

Business Systems Manager, Office Supervisor of Court Services, Interim Director of IT services, Manager of Technical Services, Case Flow/Quality Assurance Manager, Business Systems Analyst, and software programmers to discuss this study. I also had meetings with the Judge for Domestic Violence Court at Pima County Consolidated Court to discuss this study. I needed permission from both probation and the Court to be able to conduct this data review, which was obtained. I did not influence or alter the data collection process, or the information collected.

### **Summary**

To summarize, this chapter contained a description of the methodology used for this quantitative study on the impact of collaboration of IPV offender outcomes. This chapter also contained information on the participants, research design and rationale, threats to validity, my role as the researcher, the ethical protection of participants, data collection, and data analysis.

A quasi-experimental, ex-post facto, quantitative design was used in this study. A record review was used to identify the relationship between the independent variable (collaboration between probation, victim services and offender treatment agencies) and the three dependent variables (recidivism measured by probation violations, re-arrest, violent re-offenses, and orders of protection), successful completion of treatment, and successful completion of probation. Results about this relationship are necessary since common approaches to IPV are not seen as effective (Babcock et al., 2004), and the field needs direction on how to address the issue (Labriola, Rempel, & Davis, 2005; Pender, 2012).

The information obtained in this study was an effort to answer the research question: Is there a significant difference in recidivism (numbers of probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not? Participants ( $N = 252$ ) in this study included adult males convicted of DV in Pima County, Arizona, and were assigned to supervised probation. Chi-square tests were conducted to analyze the data. Threats to internal validity were minimized through a data review, but still could have impacted the results of the study through differences in facilitators conducting different treatment groups at different agencies and outside events impacting an offender, such as loss of employment, or securing employment. Efforts were made to ensure the study was completed ethically and information was protected and only utilized with the needed purpose of this study.

## Chapter 4: Results

### **Introduction**

To review, the purpose of this ex-post facto, comparative, quantitative study was to examine the impact of tripartite collaboration on outcomes (probation violations, re-arrests, requested orders of protection against the offender, successful completion of probation, and successful completion of treatment) for males who have been convicted of IPV offenses. The research question inquires if there a significant difference in recidivism and successful completion of probation and treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not?

The alternative hypothesis indicated that through the data review, significant difference in outcomes would be found in the dependent variables of recidivism, successful completion of treatment and probation when offenders attended IPV offender treatment at an agency part of the tripartite collaboration (independent variable). Chapter 4 also covers data collection, treatment and intervention fidelity, the results of the study, and a summary of the research questions.

### **Data Collection**

Although recruitment and data collection took approximately two months, the entire process took over two years. This included attending meetings with Pima County Probation Department to obtain permission to complete the study, decide on parameters, decide on the access I would be given and how I would access it, and agree on the

process of obtaining the initial data. The first research proposal for the probation Department was discussed on October 17, 2013.

Institutional Review Board approval was received on March 12, 2015. The Pima County Information and Technology Services Department (ITSD) then began retrieving the data to provide the sample used in this study. They retrieved data using the following set of parameters: (a) male misdemeanor domestic violence offenders sentenced only by the individual judge who presides over the court that focuses solely on such offenders, (b) separation by timeline for when the collaboration was in effect and when it was not, (c) exclusion of absconders in order to provide the most complete data, and (d) exclusion of active probationers in order to allow for the two-year follow-up for recidivism. The data elements in the sample provided by the ITSD included: Adult Probation Enterprise Tracking System (APETS) number, full name, domestic violence case number, date of birth, State Identification Number, sentencing date, probation start and end date, and probation end type. It took the ITSD approximately only one week to retrieve and prepare these data because there was no recruitment nor waiting on participant responses since the study was a data review.

The probation department provided the data and then also set up a work station with my own APETS login in order to access the database and continue with my portion of the research. I was allowed to work there during their business hours on their computer, which they also provided. This also supported efforts to maintain confidentiality as information was not taken from their office. My part of the research

process and coding took approximately two months due to time limitations. The data collection was completed as planned and presented in Chapter 3.

The records of participants were reviewed and coded with 0 for *no* and 1 for *yes* regarding collaboration, treatment completion, probation completion, probation violations, rearrests while on probation, within two years of completing probation, after two years of completing probation, and orders or protection. Another dependent variable was added because the information could be researched and it seemed valuable to include whether or not, the offender committed a violent, versus nonviolent, re-offense. Records were reviewed at the PCP Department by accessing their database, using the Pima County Consolidated Justice Court website, and by local dispatch checking for orders of protection and re-arrests.

Most analysis went as planned as described in Chapter 3. However, there were also some changes and challenges. First, the addition of a dependent variable (whether or not, the re-arrest was a violent offense) seemed valuable. The information could be researched and did not change anything about the current study, only provided additional, valuable information. It was not originally included as a dependent variable because it was not known this information could be provided.

Another change and challenge involved analysis. *T* tests were originally identified as the method of analysis. However, during an SPSS consultation with a Walden professor, he identified this study does not meet all of the assumptions of the *t* test. *T* tests are a parametric test based on assumptions, including that the variables are measured on an interval scale and, as such, the results are only meaningful if these assumptions are



valid (Frankfort-Nachmias & Nachmias, 2008). I made an error in overlooking this assumption. The variables for this study were measured on a nominal scale, as the coding of the variables was either 0 or 1. Thus, my committee recommended using chi-square.

Chi-square is a test used to evaluate whether the difference is significant between observed frequencies and expected frequencies under a set of theoretical assumptions (Frankfort-Nachmias & Nachmias, 2008). It is also used to determine if there is a relationship between two categorical variables. In the case of this study, the independent variable (collaboration) and the dependent variables (treatment completion, probation completion, probation violations, re-arrests, orders of protection, and violent re-offenses) are categorical variables. The assumptions of the chi-square include the variables being measured at an ordinal or nominal level (i.e., categorical data), and that the two variables should consist of two or more categorical, independent groups (Lund Research Ltd., 2013). For example, collaboration or no collaboration, meets this criteria.

Because a *t* test was initially going to be used, the sample size was determined based on this with two independent means, a priori, two-tailed, with an effect size of .05, and power of .95. G\*Power suggested two sample sizes of 105, for a total sample size of 210. However, due to availability of information, a sample size of 252 was used. When it was determined that a *t* test could not be used, G\*Power was run again, although it was after the study was conducted. Fortunately,  $\chi^2$  goodness of fit test, a priori, with an effect size of .03, and a power of .95, G\*Power suggested a total sample size of 220, which was still less than what was used in the actual study.

## **Results**

The alternative hypothesis indicated a significant difference in outcomes found in the dependent variables of recidivism (probation violations, re-arrests, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency that collaborated with victim services and probation versus attending treatment at an agency that does not collaborate (independent variable). The null hypothesis indicated no significant difference in outcomes found in the dependent variables of numbers of recidivism (probation violations, re-arrests, and/or requested orders of protection against the offender), successful completion of treatment, and successful completion of probation when offenders attended domestic violence offender treatment at an agency that collaborates with victim services and probation (independent variable) versus attending treatment at an agency that does not collaborate. All data was coded under a unique number of each participant before data analysis. No personal identifying information was available within the data set used during the data analysis process.

### **Descriptive and Demographic Characteristics**

Participants ( $N = 252$ ) in this study include adult (18 years of age or older) males convicted of domestic violence in Pima County, AZ, assigned to supervised probation by the Pima County Consolidated Justice Court. Pima County is the second largest county in Arizona. The participants varied in socioeconomic backgrounds and ethnicities. Over the course of about two months, a data review was conducted regarding outcomes for this

population. Because it was a data review, only offenders with complete data were used in order to provide more robust information. More offenders than the G\*power suggested sample size were retrieved from the PCP Department database by their ITSD to account for any incomplete data; however, only  $N = 252$  were actually used in the study. The first set of participants ( $N = 126$ ) was reviewed to research their outcomes during a specified period (July 1, 2007 to June 30, 2008) and then with follow-up, when the collaboration was not yet in place. The second set of participants ( $N = 126$ ) was reviewed to research their outcomes during a specified period (July 1, 2010 to June 30, 2012) and then with follow-up, after when the collaboration was in effect. Only DV offenders sentenced by the same judge were included in the study in order to limit some potential, confounding variables that could have occurred with including offenders sentenced by other judges.

The selection strategy presents a limitation regarding generalizability as participants were only from Pima County, AZ. Other factors that contribute to male offenders' outcomes in other communities, counties, or jurisdictions are unknown. For example, how DV is defined in other jurisdictions' laws and statutes may differ. However, with the large sample size, and the amount of time researched in this study, results are generalizable to this specific area for this specific population. In accordance with Frankfort-Nachmias & Nachmias's (2008) assertions, due to the study being a data review, reactive arrangements, or attitude of researcher, did not compromise external validity.

All 252 participants were analyzed for all the dependent variables. There was no missing information for any of the participants. For participants who were not a part of

the collaboration ( $N = 126$ ), 50% completed probation, 44% completed treatment, 83% had probation violations, 78% were arrested during probation, 68% were arrested within two years of probation terminating, 62% were arrested after two years following probation termination, 12% had an order of protection filed on them during or after probation, and 61% engaged in a violent re-offense. For participants who were a part of the collaboration ( $N = 126$ ), 69% completed probation, 69% completed treatment, 81% had probation violations, 79% were arrested during probation, 44% were arrested within two years of probation terminating, 63% were arrested after two years following probation termination, 10% had an order of protection filed on them during or after probation, and 38% engaged in a violent re-offense.

#### Table

##### *Number of Offenders who met Dependent Variable Criteria*

Dependent Variables	Collaboration ( $N = 126$ )	No Collaboration ( $N = 126$ )
Probation Completion	87	63
Treatment Completion	87	55
Probation Violations	102	105
Re-arrest during probation	100	98
Re-arrest within 2 years	55	86
Re-arrest after 2 years	78	79

Order of Protection	12	15
Violent re-offense	48	77

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### **Statistical Assumptions**

The assumptions of the chi-square analysis include the variables being measured at an ordinal or nominal level (i.e., categorical data), and that the two variables should consist of two or more categorical, independent groups (Lund Research Ltd., 2013). All the variables were measured at a nominal level. All variables were coded as either 0 for no or 1 for yes. For example, collaboration was coded “1”, no collaboration was coded “0”; completed probation was coded “1,” and incomplete probation was coded “0.” All variables were categorical and independent, for example, treatment completion, re-arrest, order of protection, or violent re-offense.

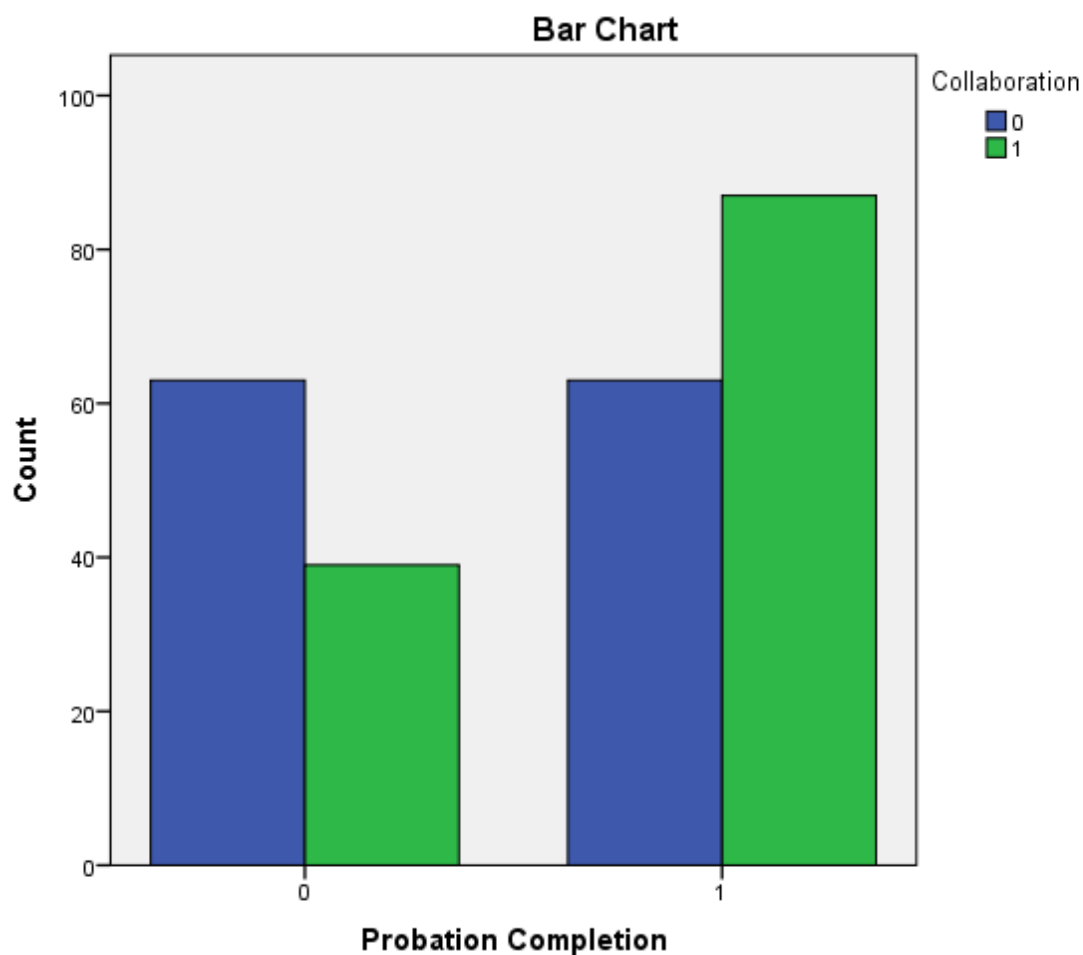
### **Statistical Analysis**

Chi-square analyses were used to examine the relation between collaboration and probation completion, treatment completion, and recidivism in the form of probation violations, re-arrests, orders of protection, and violent re-offenses. The analyses were completed to answer the research question:

Is there a significant difference in recidivism (numbers of probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender), successful completion of probation, and successful completion of treatment between offenders who attended mandated treatment at an agency part of the tripartite collaboration and those who did not?

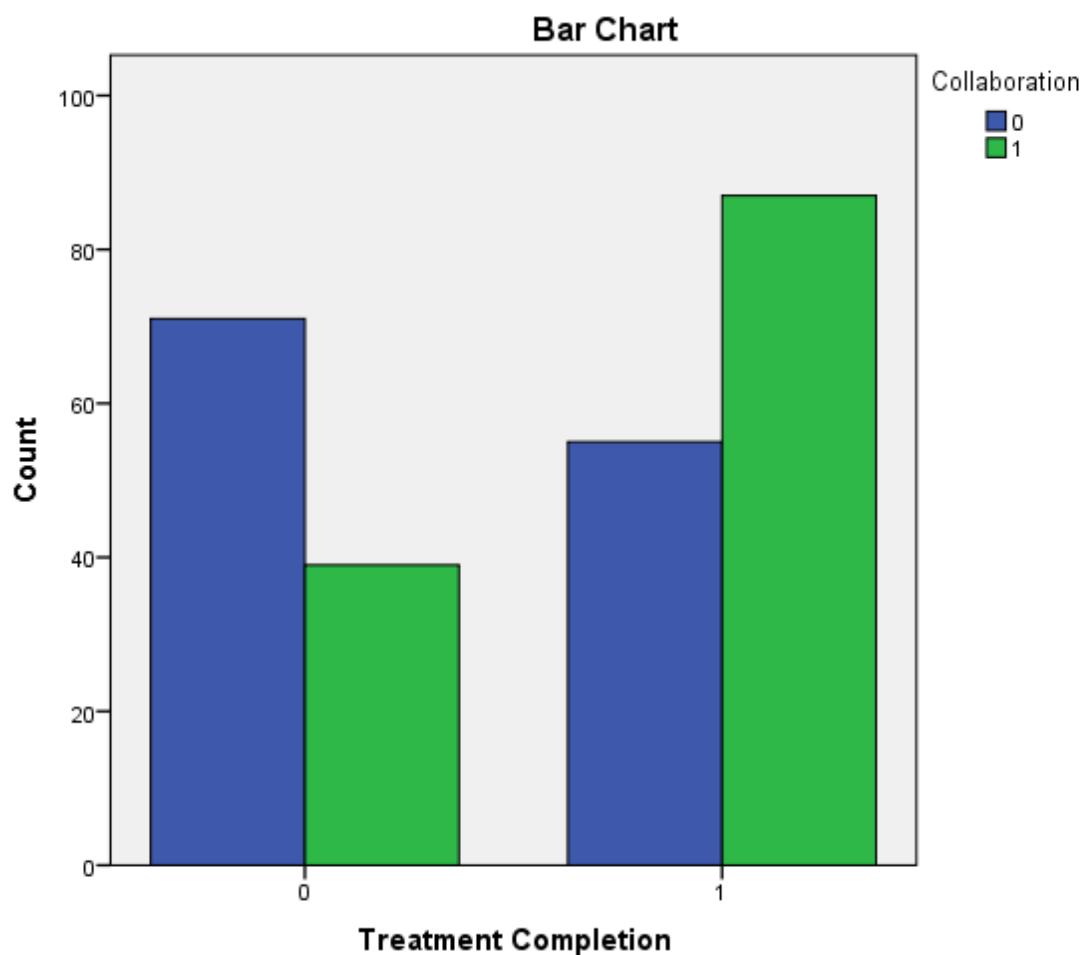
Due to the results, there is evidence to support the probability that the differences between offenders who attended treatment that was part of the collaboration, compared to those who did not, is not due to chance regarding probation completion, treatment completion, re-arrest within two years after probation termination, and violent re-offenses.

The relationship between collaboration and probation completion was significant,  $\chi^2(1, N = 252) = 9.48, p < .05$ . Offenders who attended treatment with collaboration were more likely than those who did not to complete probation successfully. Shown in Figure 1.



*Figure 1.* The numbers of offenders who completed probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

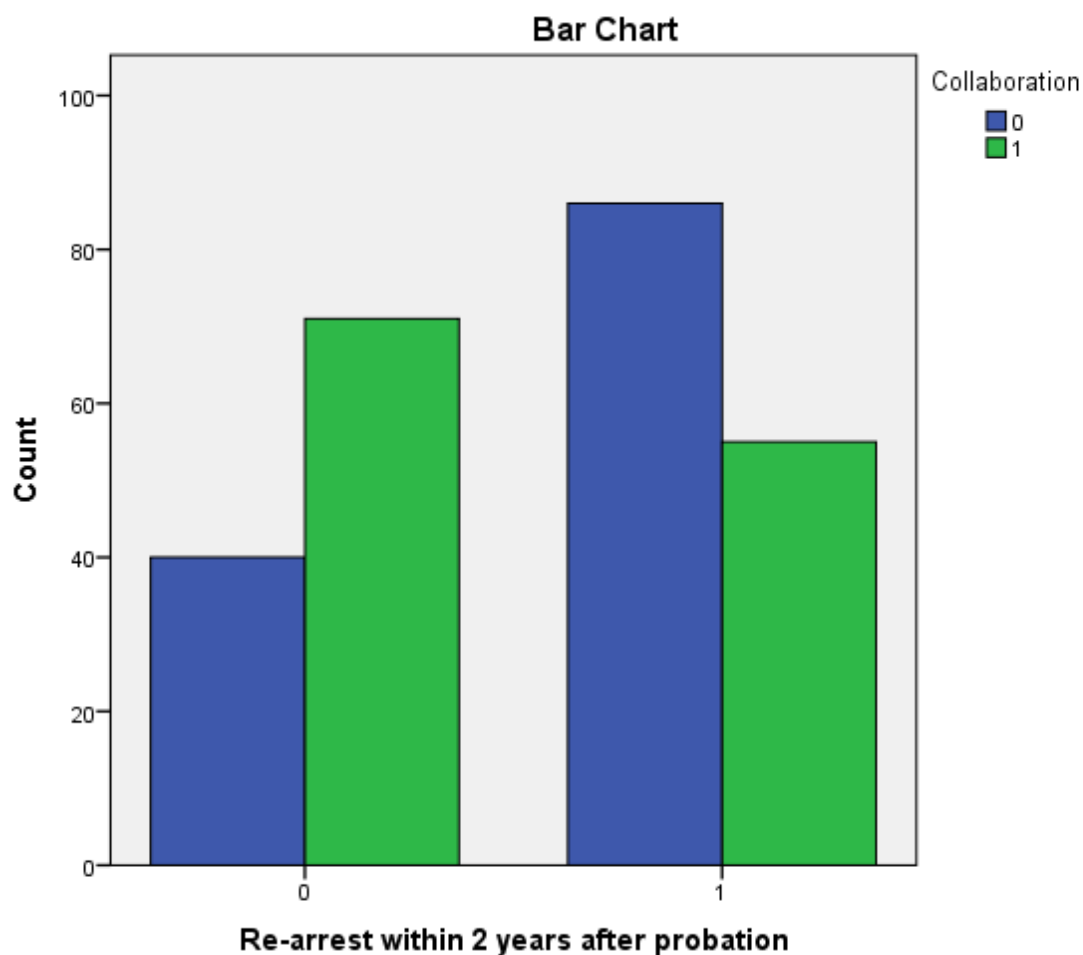
The relationship between collaboration and treatment completion was significant,  $\chi^2(1, N = 252) = 16.52, p < .01$ . Offenders who attended treatment with collaboration were more likely than those who did not to complete treatment successfully. Shown in Figure 2.



*Figure 2.* The numbers of offenders who completed treatment (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

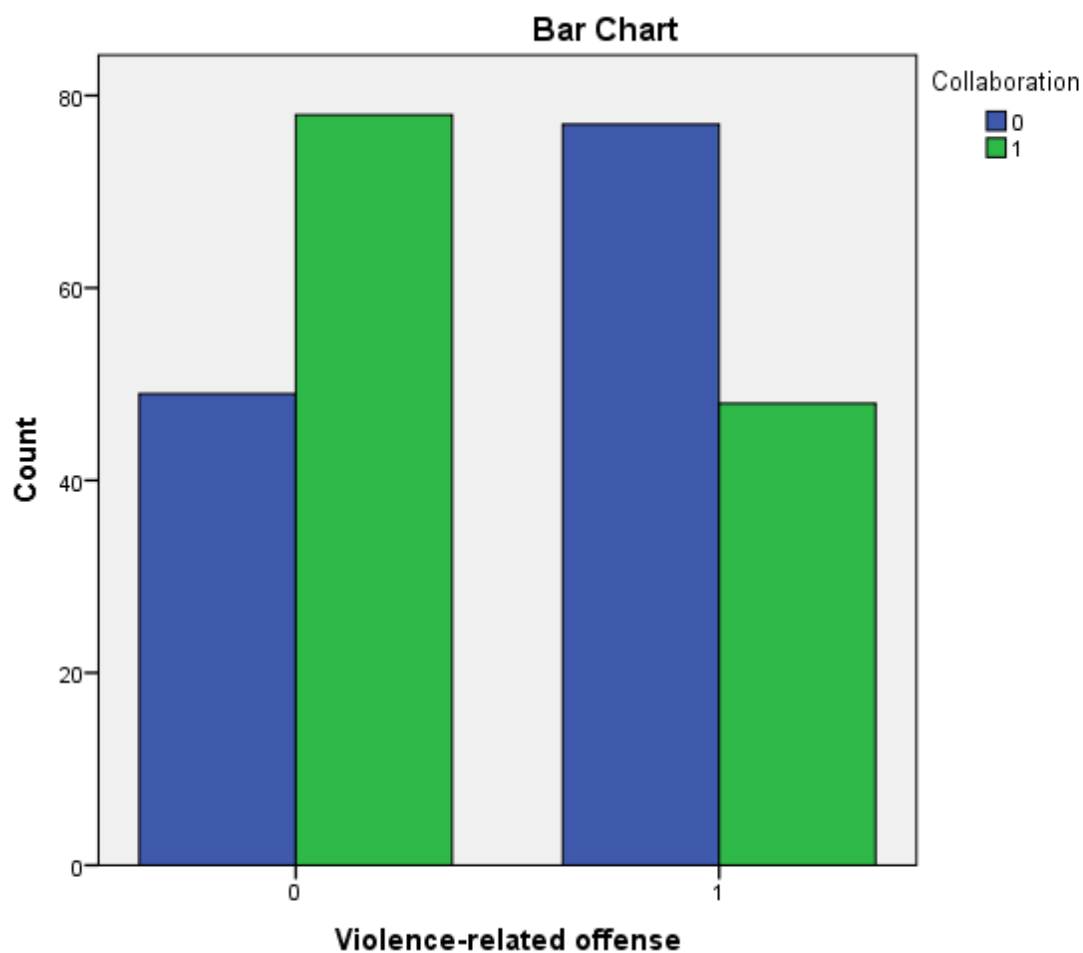


The relationship between collaboration and re-arrest within two years of terminating from probation was significant,  $\chi^2 (1, N = 252) = 15.47, p < .01$ . Offenders who attended treatment with collaboration were less likely than those who did not to be re-arrested within two years of terminating from probation. Shown in Figure 3.



*Figure 3.* The numbers of offenders who were re-arrested within two years of terminating from probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

The relation between collaboration and violent re-offending was significant,  $\chi^2 (1, N = 252) = 13.35, p < .01$ . Offenders who attended treatment without collaboration were more likely than those who did to be re-arrested for a violent re-offense. Shown in Figure 4.

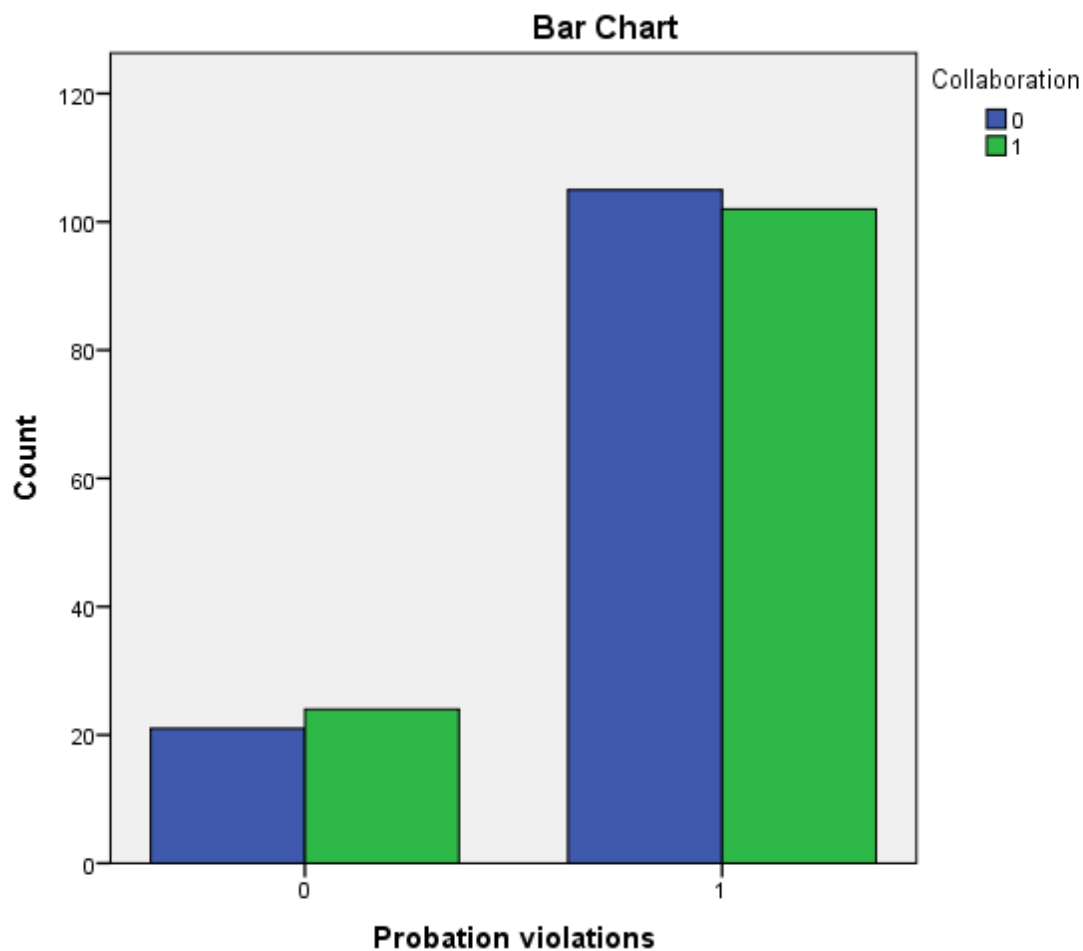


*Figure 4.* The numbers of offenders who committed a violent re-offense either during or after terminating from probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

For these variables, the alternative hypothesis is accepted.  $H_1: \mu_1 \neq \mu_2$  a significant difference in outcomes was found in the dependent variables of re-arrests within two years of terminating from probation, successfully completing of treatment, successfully completing of probation, and not being re-arrested for a violent offense when offenders attended domestic violence offender treatment at an agency that collaborates with victim services and probation versus an agency that does not collaborate (independent variable).

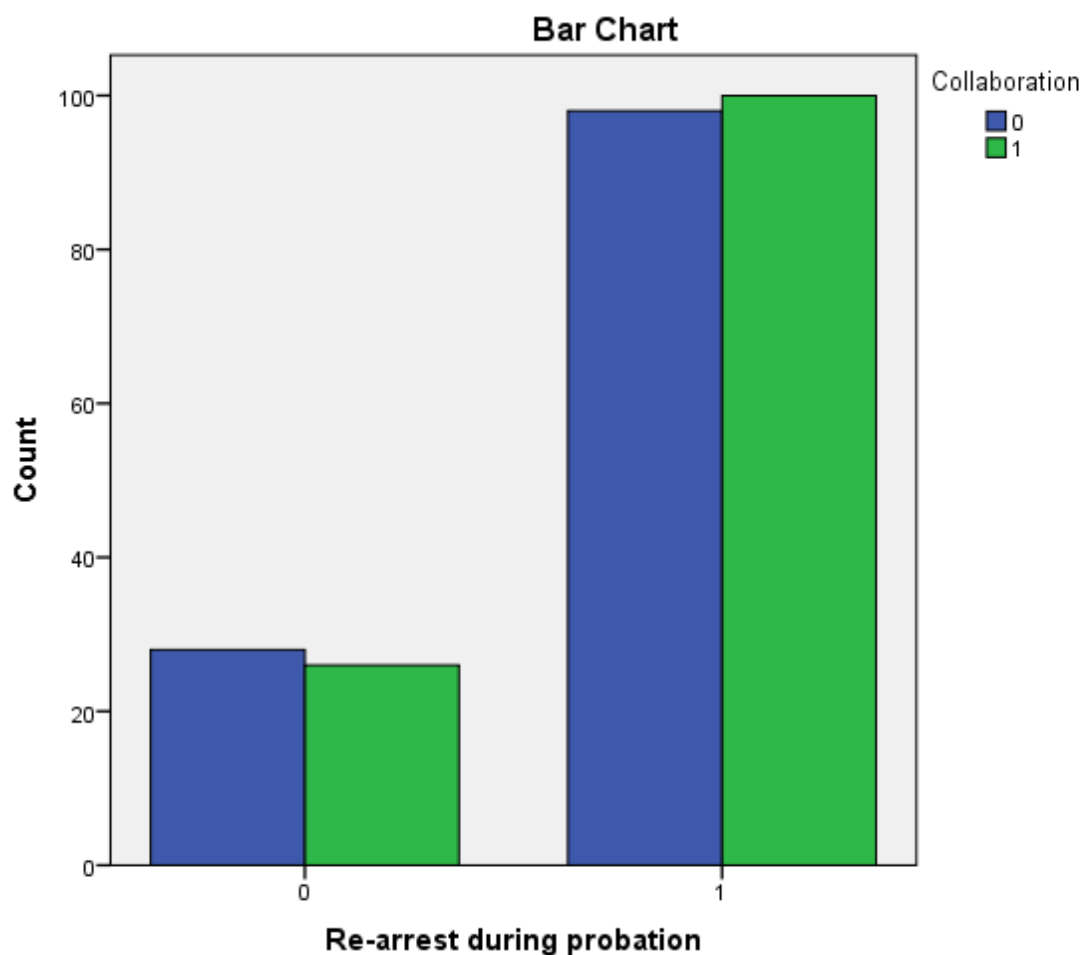
Due to the results, there is also evidence to support the probability that the differences between offenders who attended treatment that was part of the collaboration, compared to those who did not, is due to chance regarding probation violations, re-arrest during probation, re-arrest after two years following probation termination, and orders of protection.

The relationship between collaboration and probation violations was not significant,  $\chi^2(1, N = 252) = .243, p > .05$ . Offenders who attended treatment without collaboration were not more likely than those who did to have probation violations. Shown in Figure 5.



*Figure 5.* The numbers of offenders who had probation violations (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

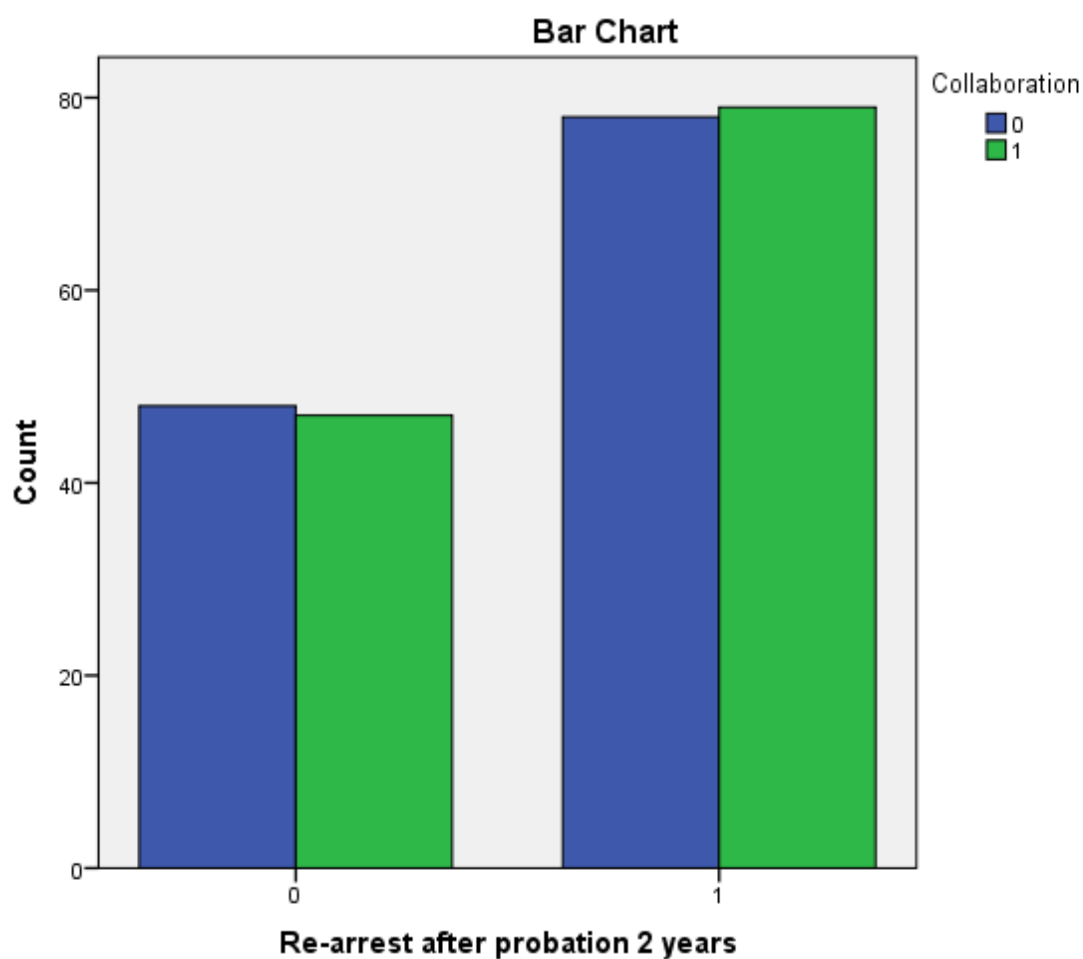
The relationship between collaboration and re-arrest during probation was not significant,  $\chi^2(1, N = 252) = .094, p > .05$ . Offenders who attended treatment without collaboration were not more likely than those who did to be re-arrested while still on probation. Shown in Figure 6.



*Figure 6.* The numbers of offenders who were re-arrested during probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

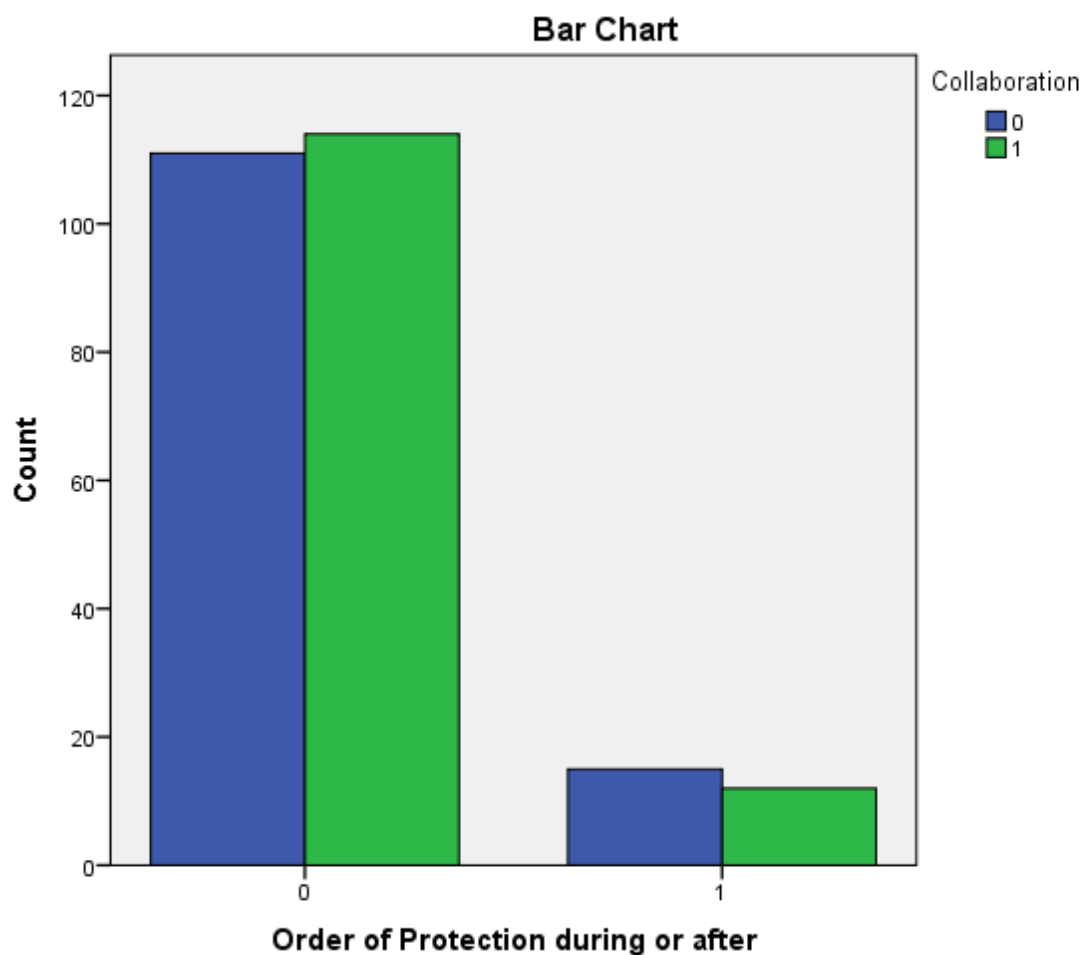
The relationship between collaboration and re-arrest following at least two years after terminating from probation was not significant,  $\chi^2(1, N = 252) = .017, p > .05$ .

Offenders who attended treatment without collaboration were not more likely than those who did to be re-arrested at least two years after terminating from probation. Shown in Figure 7.



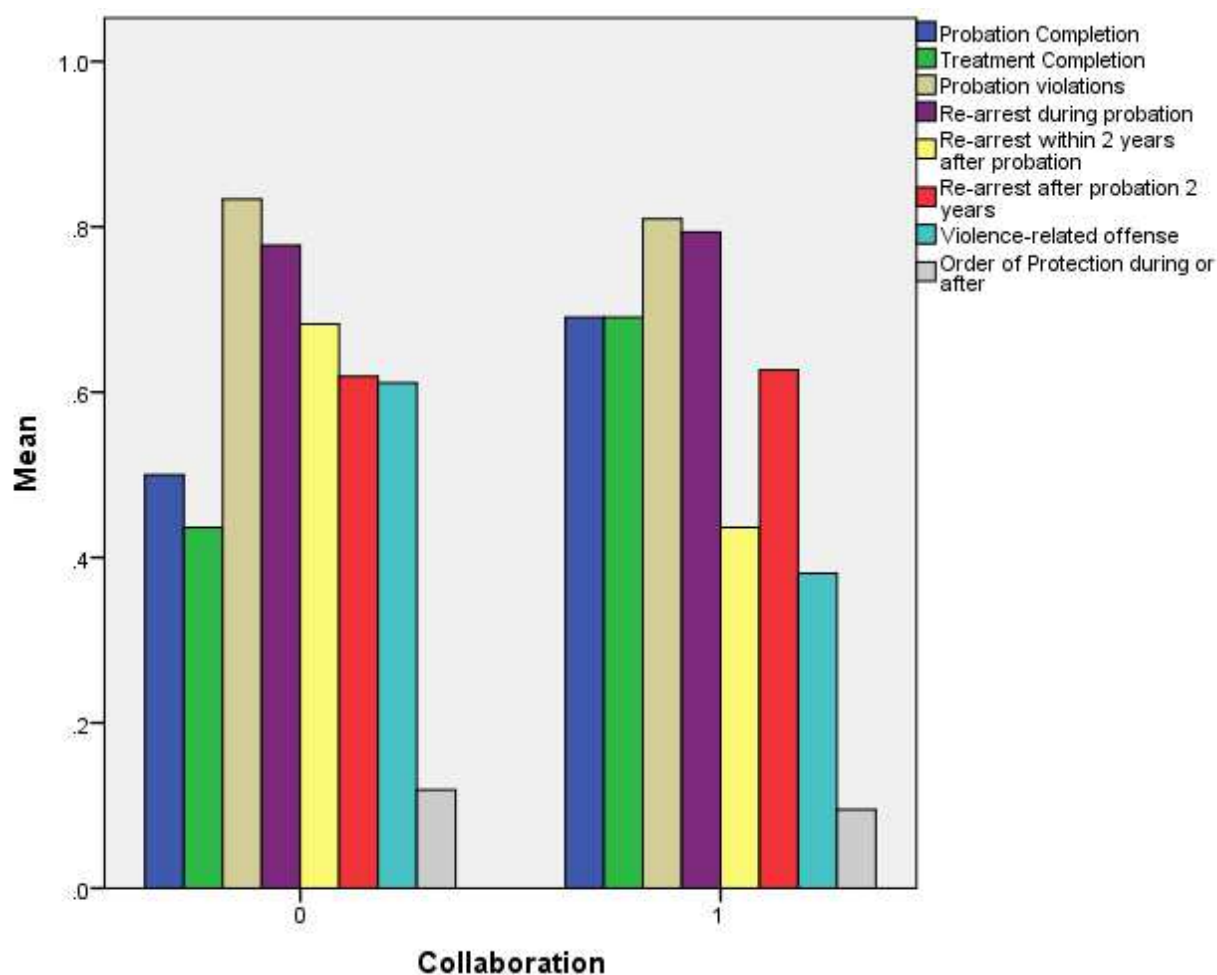
*Figure 7.* The numbers of offenders who were arrested two years after terminating from probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

The relationship between collaboration and orders of protection being filed against the offender was not significant,  $\chi^2(1, N = 252) = .373, p > .05$ . Offenders who attended treatment without collaboration were not more likely than those who did to have orders of protection filed against them. Shown in Figure 8.



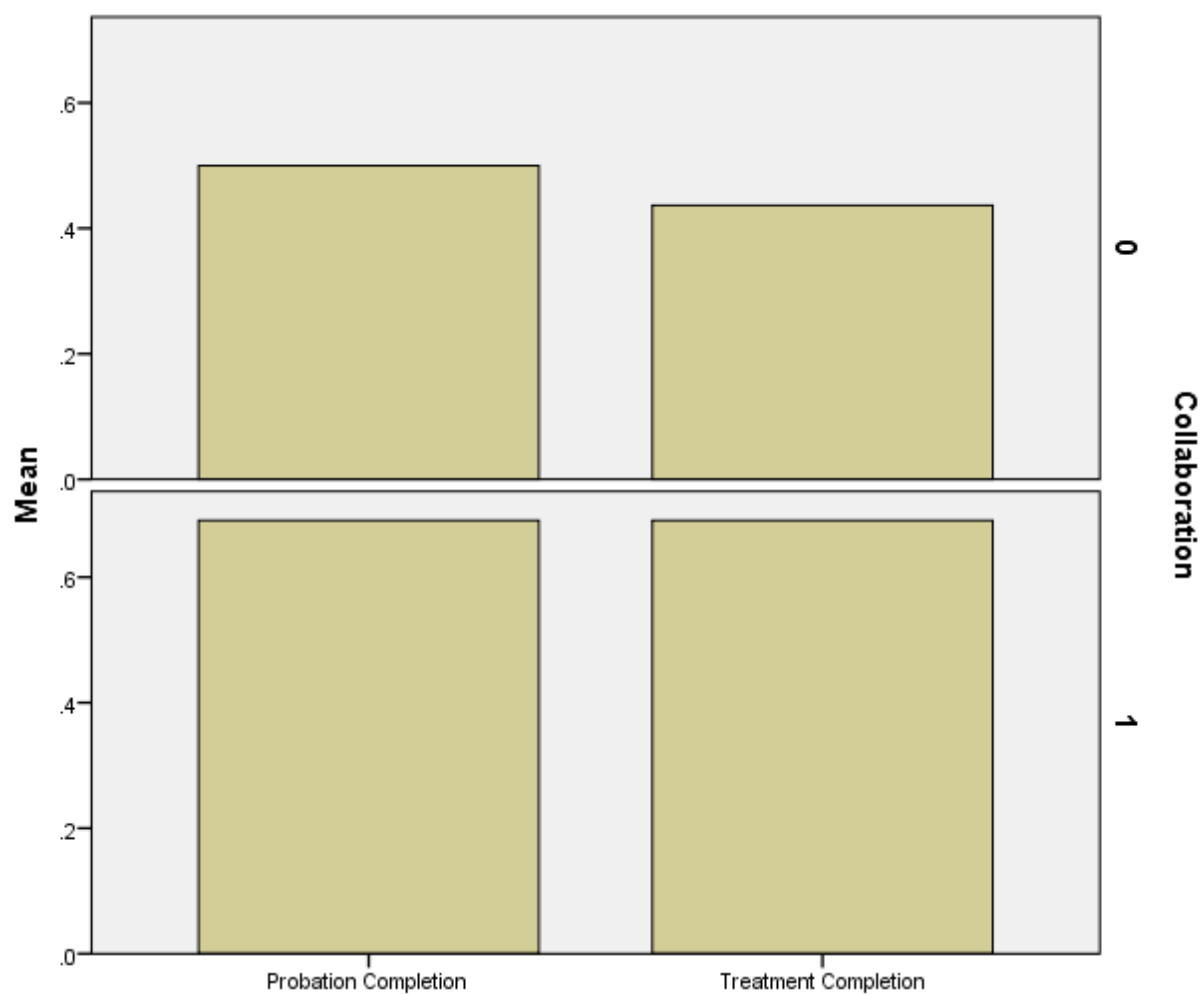
*Figure 8.* The numbers of offenders who had orders of protection filed against them during or after terminating from probation (0 = no, 1 = yes) delineated by whether or not they were part of the collaboration (no = blue, yes = green).

For these variables, the null hypothesis was failed to be rejected  $H_0: \mu_1 = \mu_2$  a significant difference in outcomes was not found in the dependent variables probation violations, re-arrests during probation, re-arrests after two years following probation termination, and orders of protection against the offender when offenders attended domestic violence offender treatment at an agency that part of the tripartite collaboration (independent variable) versus an agency is not. Shown in Figures 9-12.

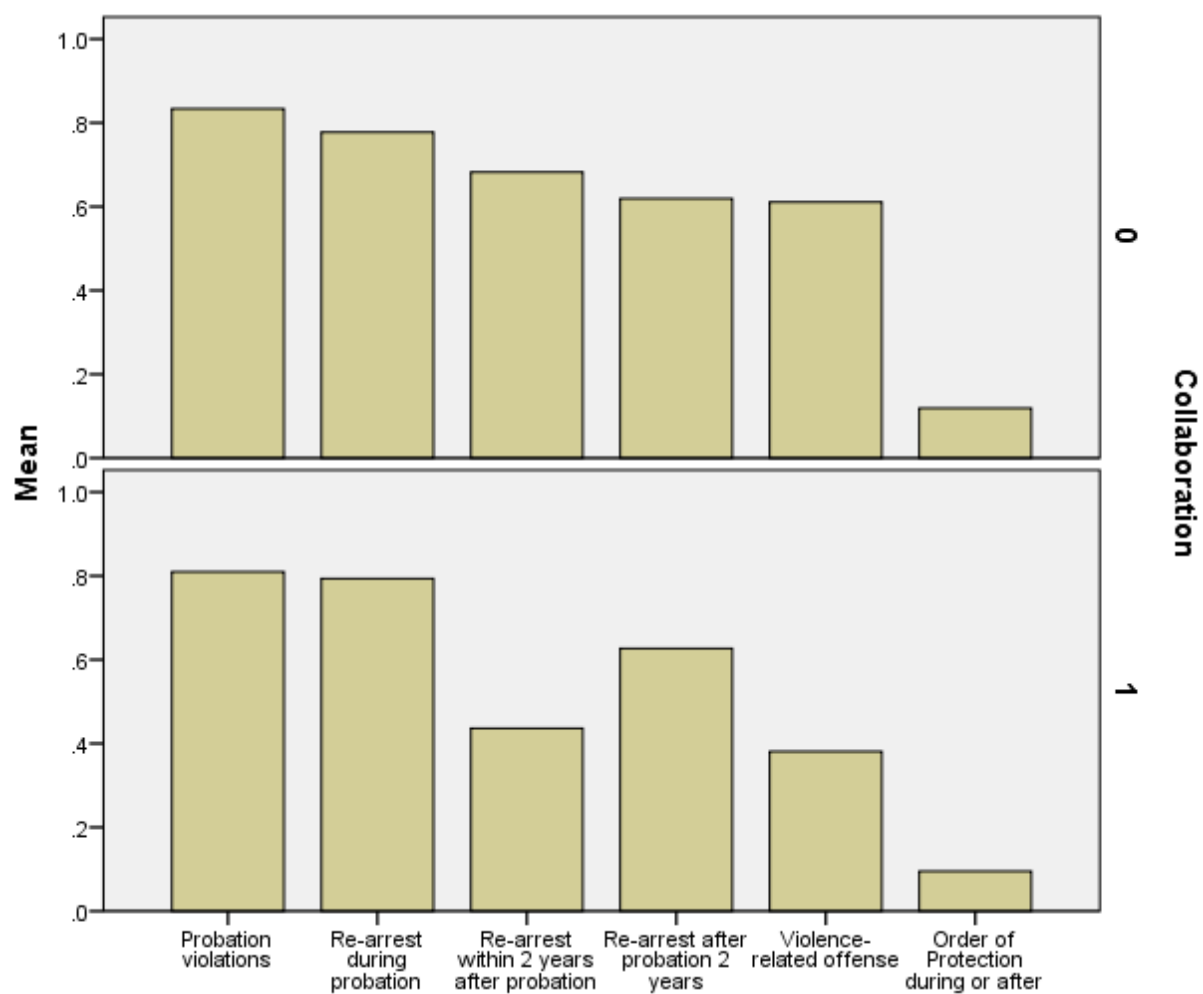


*Figure 9.* The mean of the dependent variables delineated by whether or not they were part of the collaboration (no = 0, yes = 1).

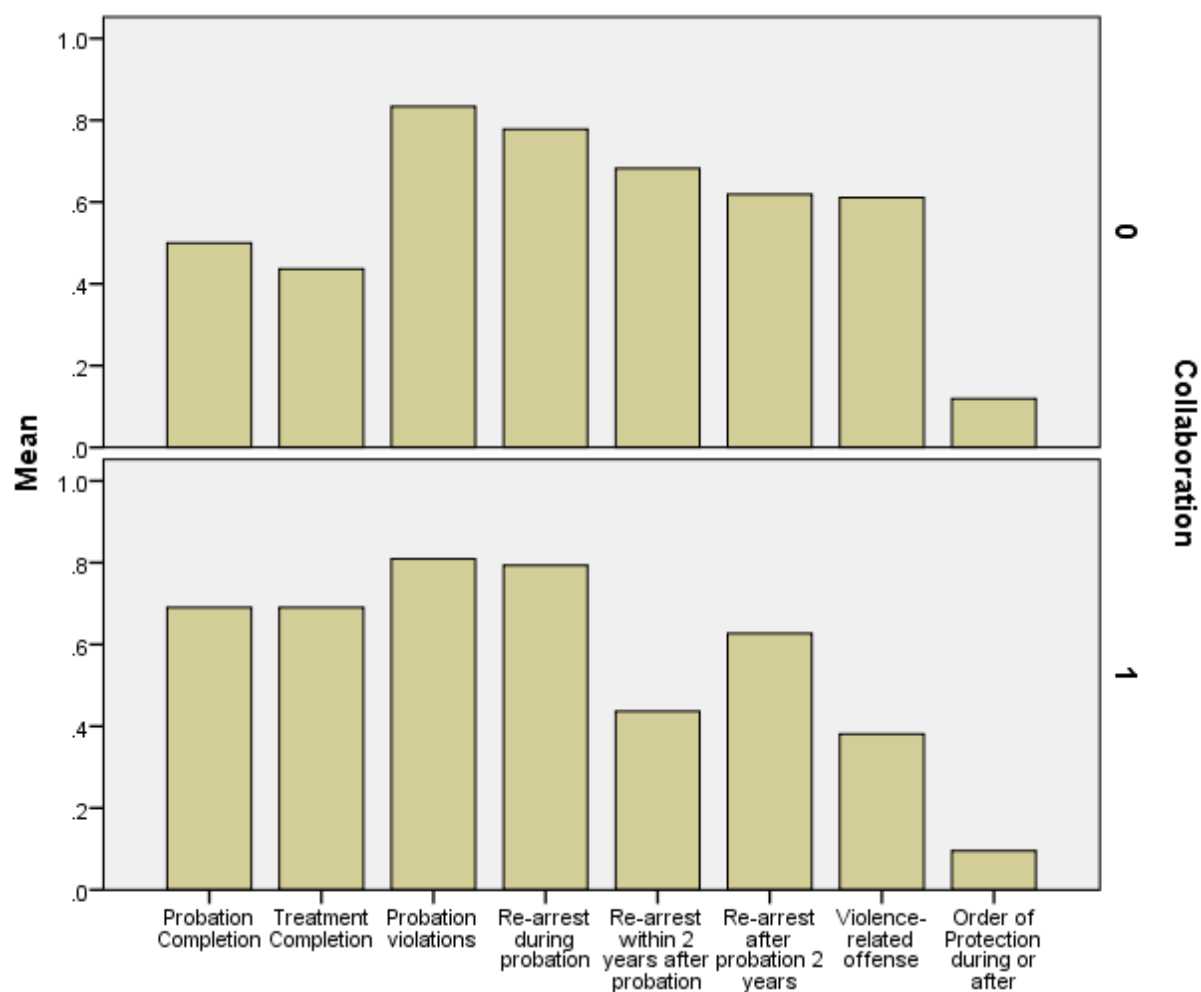




*Figure 10.* The mean of the dependent variables (probation completion and treatment completion) delineated by whether or not they were part of the collaboration (no = 0, yes = 1).



*Figure 11.* The mean of the dependent variables related to recidivism delineated by whether or not they were part of the collaboration (no = 0, yes = 1).



*Figure 12.* The mean of all the dependent variables delineated by whether or not they were part of the collaboration (no = 0, yes = 1).

### Summary

The purpose of this quasi-experimental ex-post facto quantitative research study was to determine if there is a significant difference in outcomes for male offenders ( $N = 252$ ) who attended treatment programs that collaborate with the probation department and victim services organization, versus offenders who attended treatment programs that did

not collaborate with such agencies. Measurable outcomes included recidivism (probation violations, re-arrests, requested orders of protection against the offender, and/or violent re-offenses), successful completion of probation, and successful completion of treatment.

The results of this study showed that attending treatment at an agency that collaborates significantly impacts whether or not the offender successfully completes probation, successfully completes treatment, is re-arrested within 2 years after terminating from probation, and/or is re-arrested for a violent offense. The results of this study also show that attending treatment at an agency that collaborates does not significantly impact whether, or not, the offender violates probation, is re-arrested during probation, is re-arrested after the two years following termination from probation, or has orders of protection filed against him during or after probation. Since some of the results of this study show significance and some of them do not, this warrants further exploration and discussion, which will be the focus of the next chapter. Although the results of this research are not conclusive regarding outcomes for domestic violence offenders, the information is useful to help guide probation officers, judges, offender treatment providers, and victim services providers. The implications of the research are identified in Chapter 5.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

To review, the purpose of this ex-post facto, comparative, quantitative study was to examine the impact of tripartite collaboration on outcomes (probation violations, re-arrests, requested orders of protection against the offender, completion of probation, and completion of treatment) for males who have been convicted of IPV offenses. This chapter provides the interpretation of findings, limitations of the study, recommendations, implications and conclusion.

The focus of the records review was on outcomes of offenders when the collaboration was not in existence, and then when it was and they attended treatment at an agency who was part of such collaboration. The results were analyzed using chi-square non-parametric tests. This study used a convenience sample since mandated IPV offenders are either referred to a specific agency for treatment, or they are able to pick what agency they want to attend from a list of certain agencies. It was also a convenience sample because the offenders on probation were involved in a lower jurisdiction specialized domestic violence court - Pima County Justice Court. A comparative quantitative design was the best design for this study due to the data available through records review. There were two groups. Group A ( $N = 126$ ) consisted of offenders who attended treatment prior to the collaboration being implemented. Group B ( $N = 126$ ) consisted of offenders who attended treatment after the collaboration was in place and with agencies who participated in the collaboration. The data review provided information about outcomes without having to disrupt, or invade, offenders' lives with

contact about their offenses for interviews. The data review also provided information without having to rely on self-report in surveys. The data was then coded for completion of treatment, successful completion of probation, and recidivism (probation violations, re-arrests, violent re-offenses, and/or requested orders of protection against the offender). These were the dependent variables. Recidivism, other than probation violations, was also coded for within two years after probation termination, and then again after those first two years. Collaboration was the independent variable.

The results of this study showed that attending treatment at an agency that collaborates significantly impacts whether, or not, the offender successfully completes probation, successfully completes treatment, is re-arrested within two years after terminating from probation, and is re-arrested for a violent offense. The results of this study also showed that attending treatment at an agency that collaborates does not significantly impact whether, or not, the offender violates conditions of probation, is re-arrested during probation, is re-arrested after the two years following termination from probation, or has orders of protection filed against him during or after probation.

This study showed that facilitating treatment with such a collaboration improved IPV offender treatment outcomes, suggesting a need for follow-up research regarding collaboration and outcomes. The study results also suggest that it will be beneficial for treatment agencies and counties to begin collaborating, or increase their collaboration, with probation and victim services. For the parts of this study that did not show a significant, positive effect on offender outcomes, more research would be beneficial to

identify the reasons why. It is important for researchers to continue with their efforts to find what does work for this population regarding these variables.

### **Interpretation of the Findings**

The findings confirm and extend knowledge in the discipline. Domestic violence offender treatment programs/BIPs are the most common intervention to the problem of IPV with the goal to improve the safety of victims and provide judges with an alternative to incarceration (Tollefson et al., 2009). This study was conducted because based on the literature review, these programs are only marginally effective (Babcock et al., 2004; Dutton & Corvo, 2006; Arias et al., 2013). Also, based on the literature review for this study, researchers have recognized the importance of community involvement to challenge norms that support perpetuation of IPV (Hess et al., 2011). While the need to continue to work together collaboratively, including working through the difficulties that occur with collaborative efforts, have been recognized, there has also been resistance to this forward movement (Salem & Dunford-Jackson, 2008).

Nonetheless, increasing communication and collaboration between treatment providers, probation officers, and victim advocates, could potentially impact the offender through increased accountability, and thus, help keep the victim safer. Some may assume treatment success means a permanent end to IPV, but if IPV treatment reduces the amount and severity of violence, then it could still be seen as effective (Sartin et al., 2006). For example, this study showed statistical significance in outcomes regarding violent re-offending, re-arrests within two years after completing probation, and successfully completing probation and treatment when the two groups – offenders with

collaboration versus no collaboration - were compared. This is important because Olver et al. (2011) found offenders who did not complete treatment were higher-risk offenders and attrition significantly predicted recidivism. Thus, completing treatment can reduce violence and recidivism, and this study showed collaboration has a significant impact on male DV offenders completing treatment.

A return to the information gathered through the literature review enhanced further information about findings. The cost to the offenders, victims, families, and communities exceeds billions of dollars every year (CDC, 2014), and that is just the monetary estimate, not included are the other tolls it takes regarding emotional wellness. This study seems to show that the cost of collaborative efforts are worth it considering the alternatives (medical expenses, mental health expenses, and productivity losses). Although this study's results showed no significance in recidivism after two years, the benefits of two years should not be minimized. Further, if there are fewer violent re-offenses, this also decreases the costs of medical expenses, decreases the amount of victims' productivity lost, and also may decrease the emotional impact caused during a nonviolent re-offense versus a violent re-offense. For example, Fletcher (2010) reported reducing IPV by one unit would reduce depressive symptoms by 9%. Thus, even if this reduction took place for two years, the benefit is meaningful.

These two years may also provide a victim enough time to obtain employment and save for an escape plan in order to be better prepared if the offender does return to being violent with her. For the children, two years without as much violence in the home could decrease their risk of psychopathology or functional impairment as identified by



Bavarri et al. (2011) as risks of IPV exposure. These two years could also show them another way of interacting with others so their social information processing style is more prosocial and decrease the odds of them developing hostile attributional bias (HAB), which is a cyclical effect of IPV and can lead to more offenders, and thus, more victims (Jin et al., 2008).

Because this study involves criminal justice and treatment, it is important to revisit the progress made from mandatory arrest laws in the 1970s, to the emergence of BIPs as a result of more arrests, to how the collaboration between the criminal justice system, treatment providers, and victim services worked together in this study. While this shows progress, the reasons for treatment have not changed – families want the offender to change, and many victims stay with their partners (Mills et al., 2013). They hope the offender can change and sometimes counseling is the last hope (Smith & Randall, 2007). Showing how such hope can be encouraged through this study is important, but it still comes with great responsibility regarding the information. While the results showed some significance related to behavior change, it also showed non-significant results regarding long-term change. This false hope in victims has been noted since counseling was identified as a way to help offenders change (Gondolf, 2004). While there has been progress in some areas, it is clear there is more work to do.

The literature review included many different types of treatment and program evaluations of such. Each modality held strengths and weaknesses. Cognitive-behavioral and pro-feminist/psycho-educational models are the most common approaches and were likely the approaches most utilized in this study. This is based upon the collaborative

meetings and related discussions held about treatment. However, studies (Arias et al., 2013; Eckhardt et al., 2013; Smedslund et al., 2012; Gondolf, 2009; Stover et al., 2009; Labriola et al., 2008; Babcoack et al., 2004) show the modality does not necessarily impact the outcomes. Also, due to the many different types of modalities and therapeutic efforts used to address this issue, ranging from couples counseling to anger management and motivational enhancement to moral development, there is not one identified modality that works best for all offenders, and to complicate matters, there are different types of offenders. This is another reason why this study is important. It shows an approach to the intervention, not a specific type of intervention, which seems easier to incorporate in the current system.

Just as offenders are held accountable, the people providing services should also be held accountable regarding best practices, which is something a collaboration can do. Also, regardless of the type of offender or treatment modality, the ownership of helping the offender change is not only between the offender and treatment, or the offender and the courts, it is a shared responsibility, which makes sense since it is such a substantial one. This is also where standards are important; however, this has been an ongoing issue. According to Stover and Lent (2014), there are not national training standards for people who provide such treatment despite the amount of people aided by such services. Day et al. (2010) identified inconsistencies among different agencies awarded contracts for IPV programming. The collaboration does offer some accountability regarding this as members of victim services would observe IPV groups and offer feedback about how the facilitator conducted their treatment group and ways they could hold the offender more

accountable. The feedback also helped the facilitator to increase self-awareness and decrease unintentional colluding with the offender.

Some of the dependent variables in this study signify recidivism. Other studies have also identified such. Kindness et al. (2009) identified significant predictors of recidivism as two or more court reports of noncompliance with treatment, two or more warrants issued for noncompliance (which could be probation violations), and two or more law enforcement reports of new criminal activity (re-arrest). Meadows and Kaufman (2009) found rates of recidivism in most perpetrator- and partner-focused treatments were approximately 30% within 6 months, regardless of intervention strategy used. Notably, also recalling similar results by Maxwell et al. (2010), whom also acknowledged a reduction in the number of new incidents across a 15-month period due to treatment assignment, but found the effect of attending treatment does not likely persist beyond the treatment period. These results are similar to what was found in this study regarding short-term (significant) versus long-term (insignificant) impact.

Violations of orders of protection were used to signify recidivism in this study. The results were similar to Frantzen et al. (2011) who indicated protection order violation charges may not have a significant effect on the odds of conviction or recidivism rates. Their research did not show significant differences for convicted versus dismissed offenders. This study showed that orders of protection were not significantly impacted from manipulating the independent variable of collaboration versus no collaboration.

Another measure of recidivism in this study was substance use. Depending on the situation, substance abuse could be a probation violation and/or a re-arrest. Substance use

and IPV are considered interrelated by some (Timko et al., 2012), but not by others (Humphreys et al., 2005). Bennett and Thomas (2009) found the co-occurrence of substance abuse and IPV in about 50% of the men seen in either focused treatment. Recalling from the literature, alcohol and violence have been associated for many years (Galvini, 2004), but it is not clear if the relationship between substance abuse to IPV is direct (Dalton, 2009). Foran and O'Leary (2008) found a large proportion of IPV episodes involved alcohol consumption. During this research, when looking at probation violations and re-arrests, substance abuse seemed to be a re-occurring factor. However, its prevalence was not tracked.

In this study, recidivism was also measured by re-arrest. It is also important to recall Gondolf and Wernik (2009), where they found a weak association between ratings of men's behavior during treatment and re-assault during follow-up. This is consistent with the results of this study in that re-arrest significantly decreased during probation and in the first two years following, but not subsequently. Similarly, the concerns remain that interventions, such as collaboration, may help offenders complete the program, and thus, increase compliance with the justice system, but fail to reduce the likelihood of reoffending, especially on a long-term basis (Scott et al., 2011). Again, this could present an issue for victim safety, since more offenders are completing and possibly sending the incorrect message they have made progress regarding their assaultive behaviors.

Another dependent variable in this and other studies involve attrition. Carney et al. (2006) found that 60-80% of men who completed treatment were no longer physically abusive towards their partner at the end of the program. They also found men who failed

to complete treatment may be at increased risk of engaging in IPV. This shows some congruence with the current study as related to arrests since re-arrests during probation, which would also likely be during treatment, occurred less with collaboration. The results of this study also showed offenders were more likely to complete treatment and probation if they attended treatment at an agency which was part of the collaboration. Carney et al. (2006) estimated between 40-60% of men failed to complete their treatment program, while Olver et al. (2011) identified an attrition rate of 37.8%.

This study's results were also similar to the results of Crane and Eckhardt (2013). Although, they used brief motivational enhancement to increase treatment compliance and reduce recidivism rather than collaboration. With their intervention, they found an increase in session attendance and treatment compliance, but no direct associations with reductions in recidivism. This seems to reinforce that the type of intervention does not necessarily matter, but maybe how the intervention is approached is what is impactful.

To summarize, in Pima County, offenders would need to complete treatment in order to successfully terminate from probation, barring exceptional circumstances. Tollefson (2008) utilized bivariate analysis and identified probation status as a significant predictor of attrition. Thus, completion of treatment and probation seem related to each other, as well as to other factors, which are related to recidivism as previously identified. This shows relation to Bronfenbrenner's Systems Theory and the approach used in this study such that impacting one level, likely impacts another level of the system.

### **Analysis Related to Theoretical Framework**

The findings of this study can be related to the theoretical framework, Bronfenbrenner's ecological systems theory (EST). To review, Bronfenbrenner (1977) believed changes occur between people and environment in system's terms. The theory identified environmental systems, which may affect human development (micro-, meso-, exo-, and macro -systems) and suggested a reciprocal relationship within and between the different layers of environment, such that changes in one environment may affect others.

While the microsystem consists of intrapersonal and interpersonal factors that shape an individual's social identity, the mesosystem links microsystems in a person's social environment (Bronfenbrenner, 1979). This relates to this study in that the offender's mesosystem could include his probation officer and treatment provider communicating about compliance and progress, thus, the collaboration itself. The microsystem could be the offender and the victim.

The exosystem is the formal and informal social structures which impacts what occurs in the settings the person interacts in (Dutton, 2006). Part of the offender's exosystem could be his treatment group. What is shared and addressed in these groups could impact him, or at least his outcomes as measured in this study. According to Beyer et al. (2013), an individual can be influenced by the neighborhood environment, the culture of violence, access to services, and substance use. These factors were measured by treatment completion and probation violations, which were often substance-abuse related. This level could also be related to the terms and conditions of probation the offender must follow to successfully complete his probation sentence.

The macrosystem is the broad cultural values and belief systems that influence other parts of the system (Dutton, 2006). This level is primarily focused on policies (Beyer et al., 2013). Policies could impact generalizability of the study because different jurisdictions have different laws and policies regarding enforcement of them. This also relates to this current study in that Pima County Justice Court, the court which sentences the offenders, would be a part of this system, as are the laws and policies it follows and enforces.

Another way this study relates back to EST is how the goal of a collaborative approach to IPV can mean societal-level change (Salazar et al., 2007). The collaboration in this study offered a structured collective approach focused on social change goals. It was based on the perspective that offenders are part of a larger environment. The collaboration in this study, like other CCRs, was an ecologically-based effort focused on bringing together different agencies to address the issue of IPV by sharing common goals, such as increasing victim safety and offender accountability.

Bronfenbrenner's EST provided the foundation and framework of this study by identifying the importance of a system's approach. This study's results continue to provide relevant information about why a system's approach of collaboration can improve offender outcomes compared to trying to make a difference alone, without all the information to make informed decisions about whether or not the offender is actually making positive changes. Treatment providers will still provide treatment, probation officers will still supervise, and victim services will still advocate, but if working together means offenders successfully completing probation and treatment, not getting arrested

within two years of completing probation, and not engaging in violent re-offenses, then the positive impact of collaboration is not only on the offender, but also on the victim and the community.

### **Limitations of the Study**

There are limitations to generalizability, reliability, and validity that arose from execution of this study. Sample size selection limited generalizability as participants were only from Pima County, AZ. As previously discussed, different jurisdictions have different definitions of domestic violence and different laws, policies, and sentences related to such, which also impacts generalizability. Reliability was addressed by double-checking work and having probation employees research some of the same information to help ensure accuracy. However, there is still some chance for human error when recording information and coding it. Also, whether, or not, the offender was in a heterosexual, or homosexual, relationship cannot be inferred from this data. Further, the study did not include any information regarding culture, ethnicity, sexual orientation, age, socioeconomic status, or any other demographic information. Lastly, the study lacked any information about facilitator characteristics, or victims' or offenders' perspectives of the data, which were also limitations.

Since the study was a data review, some issues related to validity and reliability were mediated; however, some remained. The advantage of using a quasi-experimental design is the use of probability samples in real-life settings, which increases external validity (Frankfort-Nachmias & Nachmias, 2008). However, the disadvantage of such



design is the lack of control over rival explanations which can impact inferences from the research (Frankfort-Nachmias & Nachmias, 2008).

Due to the study being a data review, experimental mortality was not an issue because more offenders' information than was needed for the study was gathered so that only offenders with complete information would be used. Another effort towards decreasing experimental mortality was eliminating absconders from the study as part of the initial parameters. Also, selection effects were not an issue since the data could not change depending on participation in the study. Instrumentation, testing, regression, and interactions with selection were also not concerns due to the study being a data review. However, despite best efforts, some issues regarding validity persisted.

Extrinsic factors could have impacted the outcomes since there may have been differences in the groups prior to the study, especially due to differences in timeframes from when the information was gathered for the two different groups of offenders. This is similar to history. The collaboration group's results were taken more recently as that is when the collaboration was in effect. A major difference in society from when Group A's results were coded (2007-2008) versus Group B's results (2010-2012) is domestic violence in the media, more so in the past two years, which could impact the 2-year follow up results for Group B. However, getting re-arrested after the two years following probation termination did not show any statistical significance in difference between the two groups. Maturation could have impacted validity, but hopefully the large sample size mediated the effects of this.

Due to the study being a data review, biases were limited, but could still exist in the information entered in the database regarding probation violations, or completion of probation. There was no way of knowing whether, or not, these biases exist, however, and there is criteria offenders have to meet in order to be terminated from probation with specific designations, for probation officers to determine they have violated their terms and conditions of probation, or for law enforcement officer to arrest them. The results are related to the assumption that the information entered by probation and the Courts is accurate. The offender did not have the opportunity to dispute its accuracy.

Confounding variables could also exist, such as age, type of offense, and repeat offender. Some other considerations regarding the research results are that it was not noted how many other offenses the offender had committed prior to this offense so the results do not show if it was only the collaboration that resulted in successful results or possibly the culmination of other experiences on probation, in counseling, or re-involvement in the system, in general. Some offenders have to participate in other treatment, such as substance abuse and/or parenting skills, so again, the results do not show what other factors may have contributed to successful results. Some other limitations to consider is that it could appear the offender did not recidivate, but could have been incarcerated, deported, extradited, moved willingly from the jurisdiction, or even died. They also could be committing offenses, but not getting arrested for them. Notably, there were a variety of re-offenses, including substance-related charges like possession or driving under the influence. It is important to note such charges since Tollefson and Gross (2006) identified substance abuse as a predictor of recidivism.

Also, individual factors of the treatment providers were not researched (years of experience, gender) but it was expected that when part of the collaboration, providers are competent and held accountable by the group of professionals. Further, the study does also not show how the offender did in treatment, just that he completed the required number of sessions of treatment.

### **Recommendations**

Although IPV has been a thoroughly researched topic, and this study provided some valuable information, there is much more to accomplish regarding this issue. It may be helpful to follow up quantitative studies with qualitative methods by interviewing victims and offenders to further assess effectiveness and get a broader perspective on what they believe works for them and why. This is especially important because not all information can be captured through legal data. Hautzinger (2012) discussed the importance of utilizing focus groups in long-term fieldwork as enhancements to participant observation, surveys and interviews in mixed method research on IPV. This could improve the collaborative aspects of ethnographic work.

Gondolf (2004) identified other areas needing attention within the intervention system, including men engaging in BIPs sooner since there is decreased effectiveness of treatment if there is an extended lapse between arrest and court disposition, and through attrition. Offenders whose cases are dismissed or withdrawn also exacerbates this problem. Also, a more rapid court response to noncompliance, similar to the drug court system, is also needed (Gondolf, 2004). Thus, more research about the extent of impact regarding these issues is recommended.

Another area of improvement could be the identification of violence patterns to predict further violence, including analyzing women's accounts to identify patterns of violence (Gondolf, 2004). This stems from Gondolf (2000) where approximately 25% of the men re-assaulted their partners more than once, which often occurred shortly after program intake and were responsible for a large majority of the injuries. More information regarding what is happening in the home through increased victim contact, could help expose repeated re-assaults, and with collaboration and communication between systems, firm intervention after such a re-assault might impact further outcomes (Gondolf, 2004). More information is also needed regarding how antisocial behavior correlates with program outcome.

Also, despite some information identifying issues with attachment (Buttell et al., 2005) as potential causes of IPV, the research on this topic was limited. Information on how to apply it when working with offenders was also limited, so this also seems to be an area for future focus. It seemed there were a few studies on different, alternative approaches and then numerous studies on the most common interventions, but all showed about the same theme of mediocre results. An area of future research may be development of a curriculum which applies a more holistic approach of what works from each of the different approaches rather than the focus on one specific model, as that does not appear highly effective based on the research reviewed.

Alexander et al. (2010) reported more research efforts could be made towards the issue of client/treatment matching and identified ways to explore this, such as by having a treatment format with different phases based on men's readiness to change. They also

recognized there may be benefits of having men with a range of stages of change within any group in order to allow offenders in the pre-contemplation stage of change to compare their experiences and perceptions regarding DV with men in later stages of change. This also seems to be a benefit of the group modality, as offenders can learn positive things from each other and be challenged by people from similar backgrounds, or communities. This also relates to Bronfenbrenner's EST theory.

Based on the literature review, more studies are also needed in the area of attrition, recidivism, program length, and program completion. Although studies, like this one, have been conducted on outcomes of treatment completers and non-completers, more research needs to be facilitated on what makes them different initially (Coulter & Vanderweerd, 2009). Further analysis is needed of what predicts an offender to complete the program and what differences exist between them and those who do not, as well as information related to the length of time before dropping out of treatment. If accurate predictions can be made about who will and will not benefit from treatment, other decisions could be made for those who will not complete/benefit and time, money and maybe lives can be saved.

Notably, some offenders are not engaging in decreased DV due to program success. Rather, they are learning the importance of more effectively concealing their violence and how to do so by interacting with one another and the legal system, or they are exchanging one form of IPV (such as physical or sexual violence) for another (psychological abuse) (Campbell et al., 2010). A major limitation to current research (including this study) is reliance on police/official record data for the measure of

recidivism, (which other than self-report) may be the weakest measure of offender effectiveness since it only accounts for those are re-arrested. An expansion of most studies to include follow-up with victims would clarify what is effective and what is the true extent of the issue.

The complexity of DV extends beyond the relationship between the offender and the victim. Offenders may attempt to undermine the abused parent to gain sympathy and support from their children, which identifies another treatment need for this population – parenting (Hellman, Johnson, & Dobson, 2010). Increasing offenders' self-awareness about the use of manipulative parenting strategies and its harmful effects may impact positive change. Thus, future studies could investigate the relationship between children's perceptions of their parents, level of abuse experienced, and parenting style (Hellman et al., 2010).

Another area of growth on this topic is research with non-mandated clients since most research regarding batterers involves mandated clients. There is a population of batterers that do not become in contact with the legal system and may be reachable through public education campaigns that focus on how to prevent DV by engaging with both victims and perpetrators of abuse (Campbell et al., 2010). However, most offenders do not seek help for their violent behaviors due to gender role attitudes and a lack of knowledge about where to find help.

An important future study involves research about the amount of money spent on offenders versus what it would cost to implement more education about DV, coping skills and healthy relationships into our schools. Following this study, a longitudinal study

about how these children were impacted may show stakeholders where to focus time, energy and money. Regarding future research related to collaboration, it may be worthwhile to study how members of academia and service agencies can collaborate to foster research and direct service (Hovmand & Ford, 2009). These would be efforts in shifting societal norms and intervening on other levels of the system. Hovmand and Ford (2009) concluded new methods are needed to address the complex and various levels of communities in order to develop possible solutions for problems, such as IPV.

Another future study could also provide more in-depth research on the offenders used in this study, including a qualitative study involving interviews with the offenders who completed successfully and what was helpful. Conducting interviews with offenders who did not successfully complete treatment and/or probation may be helpful in identifying what they felt could have been more beneficial to them. In future studies, it may be advantageous to explore the impact of IPV in the media, such as with professional athletes, and how that has changed how the issue is addressed with the courts.

Hovmand and Ford (2009) concluded collaborative and supportive partnerships among members of communities are needed to end IPV. The results of this study provided some statistical evidence to support such claims. Therefore, again drawing from Bronfenbrenner's theory, it is important to make treatment for offenders more available to help shift societal norms and promote help-seeking behaviors (Campbell et al., 2010). Like most people, these men typically feel comfortable talking with someone they find trustworthy, non-judgmental, knowledgeable, and able to keep confidentiality. This

means clergy, health professionals, and employers will need to become better educated on being able to assess and respond to such concerns effectively. Thus, more research on how to help the community be more effective in this societal issue could be beneficial.

Lastly, in an attempt to resolve controversy through research, several innovations needing more evaluation include prison-based programs, reduction of psychological abuse, the integration of substance abuse and offender interventions, attachment disorders, optimal treatment length, additional treatment for serious offenders, conjoint counseling, identification of factors related to treatment failure, guidelines for domestic violence interventions, and treatment planning (Saunders, 2008).

In conclusion, although the success of treatment for offenders is questioned, the increase in public awareness of IPV has led to improvements in the legal system and services, including shelters, counseling, and hotlines for victims (Adler, 2002). Some examples of this include passing of the Violence Against Women Act in 1994, which led to legal and policy changes relating to cases involving domestic violence. Some of these policies include mandatory arrest, probable cause arrest, not dropping charges, and prosecution policies, which shift the responsibility for action away from the victim to the legal system. Other improvements include civil protective orders, police response training, and increased access to legal services. These are also examples of systems' level change, as related to EST.

Despite all the identified areas to improve, there is hope. Like other harmful diseases to the human race, IPV has grown as a topic of study, inquiry and media focus (Babcock et al., 2007). Unfortunately, unlike other medical issues, this societal issue



continues to struggle with early detection and effective treatments. This is evidenced by the studies referenced in this review and future ideas, while maintaining a history plagued with little movement.

## **Implications**

### **Positive Social Change**

Despite the grim history, the goal of this research was to help bring positive social change. There is a potential impact for positive social change at the individual, family, organizational, and societal/policy levels, as is consistent with Bronfenbrenner's EST, impacting one, impacts the others. Knowing offenders have received sufficient treatment could change communities' attitudes about them and bring communities closer together (Ohmer, Warner, & Beck, 2010). This could also have a positive impact on offenders through better bonding and building of networks, trust, norms and values. This again relates back to EST, but could not likely occur if communities do not feel safe around offenders. Ohmer et al. (2010) discussed the impact of social ties and cohesion, which related to the projected results of a stronger sense of community for all members, including victims and offenders. If so, this could result in more positive changes for them, victims, potential victims, communities, and thus, society.

Improved collaboration between IPV offender treatment programs, probation, and victim services could help hold offenders more accountable due to having more information through increased communication between key players. It could also increase victims' safety. Increased information about how her partner is doing on probation and treatment could motivate victims to become more independent. For example, if a victim's

partner did not make sufficient progress in treatment, this would be communicated to the victim, who could make an informed decision about whether or not to return to the relationship. If a victim remained in the relationship and there were safety concerns between the offender and victim, the participants in the collaboration could communicate to help the couple put more safety checks in place, and advocate further to help prevent more IPV.

To make an impact on IPV, rehabilitation of the offender needs to be a focus. Using a team approach by getting more resources involved, such as probation and victim services, through communication and collaboration could potentially strengthen the family, impact the offender through increased accountability, and help keep the victim safe. Some may assume treatment success means a permanent end to IPV, but if IPV treatment reduces the amount and severity of violence, then it could be seen as somewhat effective (Sartin, Hansen, & Huss, 2006). The results from this study helped answer the question about the impact of collaboration on outcomes. Information gained through this study regarding statistical significance about how collaboration is or is not helpful in improving IPV offender outcomes is useful towards the effort of stopping IPV, including precipitating future studies and providing the foundation for them.

One goal of a CCR related to IPV is to create an infrastructure that will facilitate systems-level, and ultimately societal-level change (Salazar et al., 2007) further strengthening Bronfenbrenner's argument regarding the impact of one level affecting other levels. CCRs also include social change goals based on the perspective that offenders are part of a larger system with norms supportive of DV and unsupportive of

appropriate sanctions. Thus, changing the community's norms needs emphasized, otherwise the ability to change individuals embedded within it is limited.

Multidisciplinary practices seem to better represent a client's wider context and ease the ability access to timely, appropriate solutions (Baker, 2010). According to Rivett and Rees (2004), macro-societal influences allow the biological, psychological, and relational factors to affect individuals. They used examples of an abusive man being affected by the relationship, expectations, and social responses, while a man stopping the abuse may change the relationship, while advocating for systemic change may alter social norms related to gender (Cronen & Pearce, 1985). Thus, if IPV can be explained by gender role stereotypes, or by the absence of legal sanctions, then it can be changed by intervening in either one domain or both.

Pennington-Zoellner (2009) and Sully et al. (2005) identified the need for effective by identifying opportunities where collaboration and intervention could prevent homicide. Thus, there are serious implications when working with offenders and not communicating with others. At the micro-level, people working with offenders can be unaware of all of the information which can impact the steps and efforts made to keep victims safe. For example, if the probation department is not communicating with the treatment agency about the nature and extent of the offense, it is difficult to hold the offender completely accountable because the only information the facilitator has is coming from the offender. Also, if probation is not talking with the victim and/or victim advocates, the offender can appear to be doing well on probation and in counseling, but he could still be engaging in domestically violent behaviors at home. Or, if the treatment

provider is not communicating concerns or risk to the probation officer, he/she may not make home visits as often, or not be able to protect the victim and/or community as effectively because important information was not communicated. There are impactful implications at the macro-level, as well.

The Pima County Probation Department's mission is to serve the court, actively promote community safety, facilitate positive behavioral change in probationers, and respect victim rights (Arizona Superior Court in Pima County, 2015). Thus, one of the purposes of probation is to increase prosocial behaviors, such as having a legitimate source of income, or attending school. According to the Census Bureau's annual State Government Finance Census, the average state corrections expenditure per inmate was \$28,323 in 2010, although 25% of states spent \$40,175 or more (Kyckelhahn, 2012). The report also indicated states spent \$48.5 billion on corrections in 2010, about 6% less than in 2009. By comparison, states spent \$571.3 billion on education in 2010 and \$462.7 billion on public welfare. In fiscal year 2011, local governments spent \$26.4 billion on corrections, and more than 80% of total corrections expenditures on correctional institutions between 2005 and 2011. Also, each year between 2005 and 2011, local governments spent over a third (34.4% to 37.0%) of all government-related funds spent on correctional institutions (Kyckelhahn, 2012).

The cost of domestic violence offenses goes beyond the cost to taxpayers. The offender and his family can be impacted by loss of employment, the cost of attending treatment, and the potential cost of maintaining two households if there is an order of protection or no-contact order in place and the offender cannot live at home until a

specified time. Also, the current cost of domestic violence offender groups in Pima County is \$35/session for a minimum of 26 sessions. The cost can be subsidized by probation, depending on the offenders' income.

The mission statement of Emerge! Center Against Domestic Abuse, the victim services agency in Pima County, is to "provide the opportunity to create, sustain, and celebrate a life free from abuse" (Emerge!, 2015). This agency provides emergency services, shelters, clothing, counseling, community education and prevention, advocacy, children's services, and collaboration with many other community agencies. Thus, with agencies working together, the negative patterns of behavior have the potential to be impacted due to intervention at one or more levels, therein, possibly creating social change.

### **Methodological, Theoretical, and/or Empirical Implications**

The implications of this research are relevant to local courts and governments, victim services agencies, and treatment agencies. The implications of this research based on the findings, limitations, and recommendations show a need for continued research in the areas of DV, but also provide some direction on where to focus time and money, such as how to increase collaboration and how to improve upon some positive effects identified in this study. Addressing these areas could lead more successful outcomes for offenders, which could mean more safety for victims and potential victims.

Despite the results of this study, it is important to note that it only covered reported data. It seems the best way to really know what is effective, or not effective, is to start with such data, but then ask offenders, victims, probation officers, judges, and

treatment providers for their input and then compare because not every incident is caught or reported, and this data review did not include other potentially important information.

Notably, although orders of protection were used in this study as a variable indicating recidivism, offenders who have them may not necessarily mean recidivism, as it was sometimes indiscernible if the order was part of the current offense, or for some incident closely following the instant offense, prior to the initial offense being addressed. However, because the outcome for orders of protection was not significant and possibly more of an indication about the victim's choice, it may not be a needed variable in future studies.

### **Recommendations for Practice**

Although accountability is a major focus of BIPs, offenders can alter behavior and make improvements without taking accountability, which is counterintuitive to the premise of such treatment. Thus, it is important to understand the whole picture when it comes to IPV. Regarding future practice, Pennington-Zoellner (2009) suggested that both formal and informal groups be used as environmental resources for clients and that community needs should be re-conceptualized to include these groups, such as employers. This relates to EST in having more interventions at different levels, which can impact change.

Due to the cost of DV on victims, offenders, and communities, it seems appropriate to recommend starting education of such earlier in life, such as in schools and community programs. The reactive approach of intervening once the offender has already harmed someone has shown in previous studies, as well as this one, that it is not effective

for long-term change. For example, in this study, offenders who attended treatment as part of the collaboration successfully completed probation and treatment at a higher rate than those who did not. This is important because Coulter and Vandeweerd (2009) showed recidivism rates were substantially lower for batterers who completed the programs when compared to those who did not. It is also important because Carney et al. (2006), found that most men (60% to 80%) who completed treatment were no longer being physically abusive towards their partner at the conclusion of the program. However, the issue with all of the studies is that long-term effectiveness is lacking.

### **Conclusion**

In conclusion, this study was produced from substantive concern about the ineffectiveness of outcomes related to IPV offenders. The information provided in this study acknowledged the limitations in the literature and the corresponding methods. Bronfenbrenner's EST introduced the theoretical framework for this study with the premise that impacting one level can produce change, and impacting more than one level may increase the chances for change. Results of this study indicated that collaboration had a positive impact on whether or not an offender completed probation and treatment, as well as did not get re-arrested as much the two years following completion, and violence re-offenses decreased.

Similar to Coulter and Vandeweerd's (2009) results regarding a collaborative, multi-level system intervention which found that such intervention resulted in lowered risk of re-arrests for both IPV and other crimes, this study showed that new methods are needed to respect the importance and impact of collaboration of community

organizations, like victim services, governmental agencies, like probation and the courts, and resources, such as treatment agencies. The information needs to also be shared with stakeholders so that funding can be appropriated as necessary to continue these efforts of social change. More research also needs to be done to identify any and all factors that could impact offender outcomes, and thus, the safety of our communities. Stakeholders (victims, advocates, law enforcement, courts, prosecutors, BIPs, and probation officers) developing the best models of community response can increase its applicability by including community dynamics and generating better strategies to increase awareness about how this approach to DV functions as a system (Hovmand & Ford, 2009). While conducting research in collaboration with community agencies can be daunting, it provides substantial opportunities, such improving the services agencies provide to offenders, taking a realistic approach to increase knowledge and impacting society in a positive way (Davidson & Bowen, 2011).

Further, collaborative efforts are sometimes difficult, but are necessary. The collaboration in Pima County struggled at times, as do many collaborative efforts. Similar to the experience of Salem and Dunford-Jackson (2008), the organizers provided an environment to explore how better to improve services related to IPV offenders and those impacted by such. There were roadblocks, such as what information should/could be shared, but the participants were able to move past them.

Each group member has an important role. According to Ver Steegh and Dalton (2008), victim services' advocates hold increased awareness of DV and the related legal processes, while also giving the victim a voice; the court representatives work to



determine the best interests of communities with increased caseloads and diminished resources; and mental health professionals work to utilize best practices. When these roles collaborate, it leads to more effective outcomes. In the words of Gondolf (2012), “The point is less to find out what works best than to make what we already have work better” (p. 3). I believe this study helps to do just that.

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## Appendix A: Arizona Standards for Court-Mandated IPV Offender Treatment

13-3601.01. Domestic violence; treatment; definition

A. The judge shall order a person who is convicted of a misdemeanor domestic violence offense to complete a domestic violence offender treatment program that is provided by a facility approved by the department of health services or a probation department. If a person has previously been ordered to complete a domestic violence offender treatment program pursuant to this section, the judge shall order the person to complete a domestic violence offender treatment program unless the judge deems that alternative sanctions are more appropriate. The department of health services shall adopt and enforce guidelines that establish standards for domestic violence offender treatment program approval.

B. On conviction of a misdemeanor domestic violence offense, if a person within a period of sixty months has previously been convicted of a violation of a domestic violence offense or is convicted of a misdemeanor domestic violence offense and has previously been convicted of an act in another state, a court of the United States or a tribal court that if committed in this state would be a domestic violence offense, the judge may order the person to be placed on supervised probation and the person may be incarcerated as a condition of probation. If the court orders supervised probation, the court may conduct an intake assessment when the person begins the term of probation and may conduct a discharge summary when the person is released from probation. If the person is incarcerated and the court receives confirmation that the person is employed or is a student, the court, on pronouncement of any jail sentence, may provide in the sentence that the person, if the person is employed or is a student and can continue the person's employment or studies, may continue the employment or studies for not more than twelve hours a day nor more than five days a week. The person shall spend the remaining day, days or parts of days in jail until the sentence is served and shall be allowed out of jail only long enough to complete the actual hours of employment or studies.

C. A person who is ordered to complete a domestic violence offender treatment program shall pay the cost of the program.

D. If a person is ordered to attend a domestic violence offender treatment program pursuant to this section, the program shall report to the court whether the person has attended the program and has successfully completed the program.

E. For the purposes of this section, prior convictions for misdemeanor domestic violence offenses apply to convictions for offenses that were committed on or after January 1, 1999.

F. For the purposes of this section, "domestic violence offense" means an offense involving domestic violence as defined in section 13-3601.

(Retrieved from <http://www.azleg.state.az.us/ars/13/03601-01.htm>)

## Appendix B: Data entry spreadsheet template

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